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The Convention in Retrospect

Perhaps the weather-man was just giving us a break when he turned on rain and more rain during convention week. Certainly, to those of us who gathered in Winnipeg for the twenty-second general meeting, the "unusual weather for late June" was a relief when we read in the daily papers about the heat wave through which the eastern cities were passing. Even the exertion of climbing up several flights of stairs the day the thunderstorm interfered with the electric current so that no elevators were running, was taken in good part. At least we were comfortably cool. Moreover, the weather almost always cleared in time for the uninitiated to marvel at the splendor of a prairie sunset and the long friendly twilight. To many, the greatest miracle of Winnipeg was the spaciousness of its tree-lined streets, the breath of freedom and exhilaration that was an intimate part of it.

Though this was the third convening of Canadian nurses since the war began, there were those who had questioned the wisdom of holding this year's gathering. The inconvenience to hospitals and public health organizations when staff members had to be released; the over-crowded transportation systems, including the problems of getting meals, (we heard of several who had provided themselves with enough food to last them a week!); the strain on hotel resources to house a large group were given as some of the reasons. True there was not so large a registration as in recent years and there were some discomforts in travelling, especially when the air-conditioned coaches ran out of ice, but certainly there was no stinting of service and attention at the hotel and the warm hospitality of the Manitoba nurses ironed out every slight difficulty.

Miss Ina Broadfoot was chairman of the Arrangements Committee and under her able management, arriving delegates were met at their trains and given cordial greeting. It would be difficult to estimate how many precious gasoline coupons were squandered in ensuring transportation to all who needed it. This energetic chairman cajoled flowers even from the Parks Board, and many of the guests' rooms, particularly our President's were veritable bowers. These friendly services were greatly enjoyed. Our sincere appreciation was earned also by Miss Kathryn McLearn as social convener, for the ease and grace with which the various events were handled. Miss Lillian Pettigrew, as president of the hostess province, made all of the visitors feel very much at home.

While the general sessions did not start until Tuesday, June 27, the executive began its work on the preceding Saturday. From ten o'clock in the morning until the small hours of the night they pondered, discussed and planned for the activities of the Association. It was a truly democratic meeting with members from every province contributing the points of view of the groups they represented.

Monday morning a round table discussion on health insurance was held under the chairmanship of Miss Esther Beith. In the beginning it was planned that attendance at this meting would be limited to the conveners of the provincial committees on health insurance and nursing service. However, interest in this topic was so great that one by one provincial presidents and executive secretaries as well as a few unofficial visitors began to arrive until the Salon was crowded. Later in the week, the decisions reached at this round table were reported to the full convention. Full details of the activities of all committees will be reported in the September number of the *Journal.*

Miss McLearn and Miss Pettigrew

During Monday afternoon, the exhibits were assembled. This year there was a change from the practice of preceding biennial conventions when the hostess province was responsible for the professional exhibit. Topics were suggested to each provincial association and the resultant nine displays proved the worth of this arrangement. Particularly worthy of note was the comprehensive summary of all the provincial registration acts which was prepared by the Registered Nurses Association of the Province of Quebec. So many delegates wanted copies of this material that it has been decided to print it in full in an early issue of the *Journal.* Each provincial association is retaining its own exhibit but they are to be made available on loan to other provinces that would be interested in displaying them at their annual meetings.

The formal opening of the convention on Tuesday morning was marked by an address on National Unity by A. M. Shinbane, K.C. The speaker paid tribute to the efficiency and willingness of the members of the nursing profession in the words, "Here, you do the possible immediately, the impossible in fifteen minutes".

The high spirit of service which has animated our president, Miss Marion Lindeburgh, throughout her term of office was expanded in her address as she urged the members to make even greater efforts to meet the demands being made upon the profession at the present time. We were advised to "keep our eyes on the stars and our feet on the ground, but not in the mud!"

It would be impractical in this brief story to indicate all of the contributions made by the various committees and speakers. But no report would be complete without special reference to our three guest speakers. Miss Anna Schwarzenberg, executive secretary of the International Council of Nurses, indicated that even under war-time conditions the I.C.N. is in contact with the nurses in some twenty countries and is preparing itself for renewed activity as soon as possible. Miss Schwarzenberg, in discussing the assistance which must be brought to the war-ridden countries of Europe, stressed the fact that the nurses in the armed forces will be the first ones to meet the civilian populations and that they will need to have special training for this service. "It is far harder to *accept* than to bring relief to the peoples of Europe". Particularly, nurses who are going to be of the greatest assistance will be those who are reasonably proficient in languages. While French is spoken fairly universally in Europe, we were reminded that children all over that continent have been taught in German for such schooling as they have had for the last four years. Miss Schwarzenberg felt a knowledge of Spanish would be increasingly useful also. She hesitated to recommend that we try to learn Chinese — it was too difficult for most of us!

Probably the best available authority on Nurse Placement Services, Miss Anna L. Tittman of Chicago not only gave a comprehensive address on the organization and function of placement bureaux but also participated in a round table discussion on that topic on Saturday morning, assisted by Miss Alice Wright, chairman of our national committee on Placement Service. Miss Tittman told us that "a specialist is one who dares to give advice away from home".

Anna Schwarzenberg

An outstanding address on the role of women in the post-war world was delivered by Mrs. R. F. McWilliams. We were told that approximately 27% of the women employed in industry today are married; that it is anticipated 50% of these women will return to their homes, but that this will depend upon whether or not husbands have good jobs. We all may be proud of the fact that women have done as good work and in many cases better than men. They have shown that women have skills in their hands that no one knew they possessed.

The banquet held mid-week was very

Miss Tittman and Miss Wright

well attended and enjoyed. While the R.C.A.F. band provided soft music, we were served in hospitable Manitoba fashion. Groups of songs by the Shrine Chanters, with Mrs. Olga Irwin as soloist were very much appreciated, especially their version of "Waltzing Matilda". Miss Irene Barton's toast to the Nursing Sisters was feelingly replied to by Lieut.-Col. Dorothy MacRae, R.R.C., Matron-in-Chief, R.C.A.M.C. Principal Matron Porteous of the Nursing Service, R.C.A.F. and many other nursing sisters of all three services were present. Miss Kennethe Haig of the editorial staff of the Winnipeg Free Press was delightfully reminiscent in her after-dinner address of nurses she has known.

The crowning event of the evening was the brief oration on Mary Agnes Snively by Miss Frances Upton and the presentation of the medals to Miss Marion Lindeburgh and in absentia, to Miss Helen Randal and Miss Ruby Simpson. Since the form of the Snively Memorial is to be changed, this was the last occasion on which the medals will be presented and was therefore doubly memorable.

A special tribute should be paid to the quiet efficiency of Miss Florence H. Walker, assistant secretary, C.N.A., who always knew where to locate a report or even a specific item in the minutes; who carried her responsibilities with a smile and was never afraid of the "mike". The organization of the newspaper and radio publicity under the direction of Miss Electa MacLennan, assistant secretary, C.N.A., and her aide, Miss Jean Mason, never before functioned so smoothly and effectively.

Though his actual participation in this convention was small, the members were all very interested to hear and see Mr. Murray Gibbon, who, in collaboration with Miss Mary Mathewson, is to write the history of nursing in Canada.

At the conclusion of Friday's session, Miss Marion Lindeburgh announced the results of the election of officers and welcomed Miss Fanny Munroe, in the name of the Association, to her new task as president. The other officers then were introduced amid enthusiastic applause. They are: Marion Lindeburgh, past president; Rae Chittick, first vice-president; Ethel Cryderman, second vice-president; Evelyn Mallory, honourary secretary; Marjorie Jenkins, honourary treasurer.

With business adjourned the members hastened to St. Boniface Hospital for the celebrations in connection with the centenary of the arrival of the Grey Nuns in Manitoba. Tea, a tour through gleaming operating theatres and other parts of this splendidly equipped hospital and the members assembled in the auditorium for a pageant depicting the historical background of St. Boniface.

— M.E.K.

The C.N.A. has a New President

As the climax to a busy convention week, on June 30, 1944, Fanny Munroe was installed as the fourteenth president of the Canadian Nurses Association.

Miss Munroe who is widely known throughout Canada, is a native of Ontario. She graduated from the School of Nursing of the Royal Victoria Hospital, Montreal, in 1914. After a brief experience in private duty nursing, Miss Munroe went back on the staff of her school as a head nurse. There she stayed until she joined the Canadian Army Medical Corps in 1917. After two years service as a nursing sister both in Canada and overseas, during which time she received the Royal Red Cross, Miss Munroe returned to civilian nursing, again on the staff of Royal Victoria Hospital.

After a year at Teachers College, Columbia University, Miss Munroe turned to the administration of schools of nursing. A brief period in the Buffalo General Hospital was the prelude to her success in this field. For fourteen years, she was superintendent of nurses and director of the School at the Royal Alexandra Hospital, Edmonton. In 1938, Miss Munroe was welcomed back to Montreal when she assumed the principalship of the School of Nursing, Royal Victoria Hospital.

Miss Munroe has always taken a keen interest in the work of the nursing organizations. During her sojourn in the west, she was active in the Edmonton Graduate Nurses Association and for three years from 1932-35 served as president of the Alberta Association of Registered Nurses. In 1941, Miss Munroe was elected national president of the Overseas Nursing Sisters Association. For two years she served as honourary treasurer of the Registered Nurses Association of the Province of Quebec. In 1942 she was elected to the vice-presidency of the Canadian Nurses Association. During these two very active years in the life of the Association she has been very closely in touch with the manifold problems that have been under consideration.

Rice, Montreal

FANNY MUNROE

Despite her responsibilities in Association affairs, and her busy life as a superintendent of nurses, Miss Munroe finds time to indulge in her favourite hobbies of books and music. During her years in Western Canada Miss Munroe belonged to the Alpine Club and thoroughly enjoyed the holidays spent climbing mountains.

The Canadian Nurses Association is indeed fortunate to have so versatile a woman as president. Miss Munroe's quiet charm and grace, her astute mind, her forthright approach to problems, her imperturbability, her sense of humour, and over all her keen appreciation of the efforts of others, fit her admirably for this high task to which she has set her hand. The Canadian Nurses Association welcomes its new pilot.

We are Moving!

As was announced at the convention, the offices of *The Canadian Nurse* are being moved to Suite 522, Medical Arts Building, corner of Guy and Sherbrooke, on August 1. National office of the Canadian Nurses Association has expanded its activities to such an extent that they need additional space and will therefore be occupying both Suites 401 and 402 in the Crescent Building.

You are cordially invited to come up and visit our new headquarters whenever you are in Montreal. Remember the address:

Suite 522, Medical Arts Building, Station H, Montreal, P.Q.

The Position of Women in the Post-War World

M. DOROTHY MAWDSLEY

There has been an extraordinary amount of discussion about the post-war world. The government has encouraged such planning and the response has been great. One aspect of the problem of immediate interest to us, is the amount of post-war planning for women. Sometimes it seems as though the women prefer to be told their post-war plans by the other sex. We must get over harping on women's place as though there were something peculiar and different about women. The long discussion about whether woman is a person is now over and it can be assumed that she is. The fact that as a sex we tend to be absorbed in our special problem is a confession of insecurity on our part. Let us hope that the time is not far distant when we can talk of what is needed for people as a whole, recognizing that what hurts one sex is likely to hurt the other, that we stand or fall together. The word "woman" does not mean what the middle ages thought — woe to men — but "wif man" — man's wife, man's companion.

However, we are not yet secure in that equality and there still is reason for our absorption in the subject. I can sum up the essence of the problem in one sentence. The last war gave women the vote: this war may give them social equality.

In England, the Corn Laws specifically stated that the franchise was to be limited to the male sex and from 1846 to 1918 the attempts to remedy this injustice were sporadic but consistent. It was not the militant suffrage of 1913-14 but their unswerving faithfulness in service during the first world war that gave women the vote, and not entirely without qualms as this excerpt from the "Living Age" in the Spring of 1918 shows:

> We stand in greater danger than ever we did in the long course of our history and the government has chosen this hazardous hour to push through a measure which a statesman, who feared to vote against it, rightly called catastrophic.

Now again in World War 2 the question of women's rights has come up — not asking for political equality this time but for equal pay for equal work. It was on this question that the House of Commons for the first time and by one vote defeated its wartime government. People simply voted on the issue itself and when the count was taken there was a majority of one for paying women teachers the same salary as men teachers. It is significant, and not unrelated, that in his last broadcast, when all the guessers had anticipated that he would concentrate on nerving the nation for the second front, Churchill spent his time on justifying his government's attitude toward post-war planning. This question of post-war planning might almost be called the *Third Front*. So necessary is it to keep up the morale during these difficult times by hoping for the brave new world of tomorrow.

Then what is to be our plan for a post-war world? As I have already said, scores of groups are formulating their ideas on this subject — each individual probably has an idea. May I offer a word of warning? I have already had occasion to examine some of these plans and I recognize one grave danger in those I have seen: in the enthusiasm to reform everything, there is too much tendency to reduce everything to rule. It has been the glory of Britain that her Constitution was unwritten and hence was fluid, capable of change at need. As Tennyson puts it:

It is the land that free men till
That sober-suited Freedom chose,
The land, where girt with friends or foes
A man may speak the thing he will.
A land of settled government,
A land of just and old renown,
Where Freedom broadens slowly down
From precedent to precedent.

We do not wish in this post-war planning of ours, no matter how well meant, to put our descendants into strait jackets — to force on 1994 the ideas of 1944. It is enough if we set up something in the way of ideals to be achieved.

You nurses can face the future with greater equanimity than any other group of your sex. You are trained to offer a service which the world needs in peace or war — a service which ennobles you as you offer it, so definitely is it your privilege to alleviate pain and give strength in the hour of trouble. You do not need to question the value of your profession — no schemes of a post-war world can fail to use you — no scheme could be drawn up which did not include your services. When we survey, specifically, the position of women in this post-war world, we recognize again that you are in a fortunate field — free from male competition. You contemplate a world in which no man wishes your job or thinks that your earnings cut him off from legitimate employment. It would be easy for you, therefore, to blind your eyes to the crying need to establish social equality in the post-war world. It is greatly to your credit that you have deliberately not turned your backs on the problem but have asked that some time should be given to its study.

According to the statistics given by the Women's Bureau of the United States Department of Labour for 1939, nurses represent one-fifth of professional women—three-fifths are teachers. Your profession and mine, by these figures, represent four-fifths of professional employed women. It would almost seem that if we put our mind to this problem of social equality we might come near to solving it. Perhaps, though, you are handicapped through your very training to be of help on this matter. You have been taught to follow instructions implicitly and without question, and now we must ask you to doubt and to question. You must not blindly accept things as they are, but aim at securing what should be.

In the United States before their entry into the war, there were 11,000,000 women actually employed. Current estimates increase that number today by some five million, and it is thought that this number of 16 million may go up as high as 18 or 20 million if the war goes on much longer. In Canada, by November, 1943, 1,200,000 women (out of an available number of only 3,000,000) were actually engaged in industry. It is the future in store for these millions of women workers which demands our attention. You have read article after article praising the quality of the work which these women have done and, if you are young, you may have felt optimistically that since there was public admission that their work was good, that meant the problem was solved and they could go on working after the war if they wished. But there is nothing new in this discovery that women's work in the industrial world is good. All this was found out before; men remarked on it in 1918 before the armistice — but they assumed that women would withdraw from industry and give up their places, without a murmur, to returned men. Many women acquiesced in such an opinion and whether they acquiesced or not, most of them were rapidly dispossessed. The economic ground they won in 1914-18 was lost in the years that followed.

In the post-war planning that we are doing today, we recognize that at least two classes of women now employed will have to stay employed — the women whose men do not return and who will have to go on supporting themselves and possibly their children after the war; and the women whose men do return but come back incapacitated for work, not only unable to support others but needing to be supported themselves. No one has so far hazarded a guess as to how many women will be so affected.

As for the others, some will be glad to give up their job and go back to homemaking. Some, on the other hand, will wish to continue to work — they have found industry more interesting than housework, or they revel in the idea of the standard of living which will be made possible by two pay cheques instead of one in the family.

There is a growing opinion that any woman who wishes to work should be permitted to do so. Anticipated forecasts for the manufacture after the war of such items as radios, frigidaires, electric stoves and motor cars, offer scope for highly accelerated production which may well use all labour available and, as family pay cheques increase, there will be an immediate increase in demand for items on which to spend the increased buying power. Allowing women to work after the war, then, should not embarrass producers, but help them. Other schemes solve the production problem by suggesting that shorter working hours for everybody will enable more people to work while at the same time improving living conditions for all. It is also suggested that, with modern house-keeping facilities, part time work may make it possible for women to carry on homemaking with remunerative employment. There is a great deal to be said for all these schemes. Frank C. Crawford, chairman of the American National Association of Manufacturers, has succinctly put it — "it is plain that the girl behind the man behind the gun deserves fair treatment" when peace comes. From all this we may assume a definite intention on the part of industry not to drop women callously from employment.

It is an interesting aspect of this war that the men in the forces have often been given the opportunity to develop new skills. In 1918, it was anticipated that the men would return to the jobs they had left. In this war, frequently a man has qualified himself for a type of employment which he preferred but had not previously been able to acquire. If women keep their war time jobs, they may not be dispossessing men, for the men may very possibly be going on to other types of positions.

To say that there is not enough to be done to keep employed both the men and women who wish to continue working, is a fallacy which was widely promulgated during the depression. Eric Johnston, president of the United States Chamber of Commerce, remarks:

> In the depression of the '30's following the last war, some economists advanced the theory that the large volume of unemployment was due to the displacement by women entering the ranks of labour. It is based upon a belief that there is a limit to production and that there are only a certain number of jobs to go around. This theory will not stand very close scrutiny in the face of the fact that our wants are far from satisfied and our standard of living is still far below attainable levels. It is an admission that industry has reached the age of "maturity" and can no longer grow and that we shall have to make the most of what we have instead of opening new fields of employment and providing countless things which will make for greater ease and comfort. It is a pernicious doctrine — a gospel of despair!

If women are to be retained in industry, then, it is important to examine the results of recent investigations into their employment during these years.

Women, say their employers, can be trained to a high degree of manual dexterity; they are patient and attentive to detail, and possess definite superiority to men in repetitive jobs. They have been proved effective in inspection positions and deft in the handling of precision tools. None of this information comes as a surprise to us but it is evident that in the present condition of industry, such aptitudes can be of real value to certain types of employment.

On the other hand, industry so far has been geared entirely to men, and, if women are to be considered as an integral part of it, some obvious adjustments will have to take place. For instance, women as a rule, are smaller than men. New measurements will be needed for working benches to allow for this physiological fact. Tools will need adjusting to women's smaller hands. Women are physically not so strong as men. In recognition of this fact, power cranes have already been installed in many factories to avoid heavy lifting. Inevitably, some types of employment in which physical strength is essential will not be suitable for women. Already, management has discovered that rest periods are advisable and that if it is necessary to go far in search of food, it will pay to install a cafeteria in the plant, since women will often eat an inadequate lunch if they have to go far to seek food. Similarly, "snacks" in working hours are sometimes provided by management in recognition of the immediate relation between calories and production. Women, too, have been found very sensitive to rhythm and in some factories music has been installed in order to co-ordinate movement and aid production.

A wise suggestion has been made that employers should keep all statistics relating to their women employees separate from those for men. These may be studied later and conclusions drawn for the improvement of conditions. Thus, the reasons for absenteeism of women employees, causes of accidents and methods of reducing them, should all be studied as distinct from the same problems among men workers since the causes and correction are almost certainly not identical. That important groups are giving attention to these problems, however, seems a guarantee of a serious intention to accept women as permanent workers in the field of industry. And if they are to be so accepted, there seems no doubt in the world that they can be accepted only on the terms of equal pay for equal work. The continuance of a double standard involves nothing but grief for both sexes. If women can do certain types of work as well or better than men, then, if they are paid less for their labour, industry will tend to employ them instead of men, and a device which appeared to militate against women proves to be a boomerang, dangerous to those who hope to protect themselves by it.

What is the reason advanced for a separate scale of wages? The answer is always given that a man may found a family and should be paid more than a woman in order that he may be able to do so. But this argument will not stand investigation since women workers have dependents as well as men workers and no sum is suggested to provide for these.

Some scheme must be provided which will not make children an economic handicap in the family to which they are born. Eleanor Rathbone and Paul Douglas have recommended a system of family allowances to supplement a system of strictly equal pay for equal work. Under this scheme, the arrival of children would not cause a straitened budget and families with a large number of children would not be under the necessity of cutting down on essentials of clothing or diet. It is the concern of the State that children should continue to be born and that they should be given every opportunity to develop to a full and vigorous maturity as citizens of the State. It seems, then, only reasonable that the State should assume this basic responsibility even as it has gradually assumed responsibility for the education or for the health of its citizens. Perhaps some other scheme may be suggested to take care of the problem. So far, Miss Rathbone's plan seems the obvious solution of a situation which is today being used as a cloak for unfair discrimination against women workers.

After all, women's unique and peculiar contribution to the world is and must continue to be the bearing of its children. It has already been suggested that labour saving devices in the home may make it possible for some women to combine parenthood with part-time employment, but no mother should be forced to neglect her children by the economic necessity of working to help make the budget meet. On the other hand, as a working woman I cannot see why a childless woman, or a woman whose chlidren have become independent while she is still young and active, should assume that it is a man's duty to support her in idleness. I know that many men like to feel that their women folk are dependent on them. "Do you think I love you the less because you cannot do without guidance?" says Thorvald in "The Doll's House." "No, no. Only lean on me; I will counsel you and guide you. I should be no true man if this very womanly helplessness did not make you doubly dear in my eyes". Ibsen shows us how destructive to personality such a relationship can be. In the world of tomorrow, women may well prefer the independence that comes from having a role to fill in the world, as wife and mother undoubtedly, but also as an economic partner.

I have spent much time on women in industry, none on the problem of the professional woman's attempt to secure recognition and equal rights. The problem is basically the same, though male opposition to competition with women has been even more acute in the professions than in industry. Wherever financial returns tend to be greater, there has been an increased attempt to keep women out. I repeat that the last war gave women their long delayed right to political equality with men, this war will, we hope, give them the social equality which is also their right.

Résumé of Address on Women in the Post-War World

Indicative of the serious attention Canadian nurses are giving to the problem of the place of women in the post-war world, a very interesting address on this topic was presented by Mrs. R. F. McWilliams, chairman of the sub-committee on Post-war Problems of Women of the Advisory Committee on Reconstruction at the convention of the Canadian Nurses Association in Winnipeg.

After establishing a clear picture of the wide utilization of women in the present industrial scene, and emphasizing the fact that the problems of women cannot be solved apart from the problems of men, Mrs. McWilliams declared that a new assessment must be made of the things women are to do and of the way in which they are to do them. Development must be examined closely to try to find new patterns of activity that are necessary in order that each woman may be able to reach her highest goal.

Mrs. McWilliams laid down certain principles which are fundamental to the success of any project in our post-war planning. Her first maxim was that we must encourage those who are capable to go into new fields of work. Since there is a place for *experts* in every avenue of activity, we must endeavor to find and qualify those who are proficient to become experts if we are going to measure up to the standard that will be demanded in the post-war world. We must be *objective* about our work and the people we work with. We are going to need *continued self-discipline* if we are to achieve any measure of success. One of the least used and most fruitful avenues of development is to face our *failures* and out of them build a new future. As an illustration, Mrs. McWilliams reminded us that women have had the right of vote for twenty-seven years but have accomplished little through the exercise of this right. There is among women, a marked indifference to the lot of other women. Women may believe in the policy of equal pay for equal work but they do little to achieve it. The keynote of ultimate success lies in present day co-operation with other groups having common aims for the betterment of women. If we have co-operation we shall secure these other things that are so essential.

Finally, Mrs. McWilliams emphasized that point that all of our thinking, planning and work will fail if there is no "power of the spirit". Her address concluded with a scriptural challenge to every nurse to seek for added strength in the words "'Not by might, nor by power, but by my Spirit' saith the Lord".

—M.E.K.

Pioneering in Tuberculosis Nursing

ELSIE J. WILSON

Since the Manitoba Provincial Nursing Service began in 1918, the public health nurse has always carried the tuberculosis work as part of the generalized service where it obviously belongs. In the early days nurses were few and far between, and only in those municipalities which employed nurses were any public health nursing activities, or indeed public health activities of any kind, carried on.

In 1925, it was decided by the Provincial Department of Health that an attempt should be made to do something about tuberculosis. Nobody knew how much tuberculosis there was or had been. Death rates for the various municipalities without nursing service were not known, but it was felt the situation was serious enough to warrant special attention. One day, a nurse was calmly told by her director that she was being taken off the work she was doing and would in future be doing tuberculosis work throughout the province. She was startled to say the least, but to her protest that she knew nothing whatever about tuberculosis, she was briskly told that she would learn — and she did! When she asked how she was to proceed and and what was to be her programme, she was told that the field was hers and she was to build a programme. Difficulties? Of course there were difficulties. What were public health nurses for in the twenties and early thirties if not to meet difficulties? And, incidentally, get over them, under them or around them. The fact that this particular nurse had never lived in the country, that she knew nothing whatever of the thinking and doing of farm folk, meant nothing to anyone but herself. Wisely, because no one would have listened anyway, she kept her doubts to herself.

It will be difficult for some of you to picture Manitoba as it was then. There were no all-weather roads. Even the highways were mud roads on which you were likely to stick in the mud or slide into a ditch, should it rain. There were no clinics, or practically none. People were examined at the Provincial Sanatorium at Ninette, and there was, of course, a chest clinic as part of the Winnipeg General Hospital out patient department. Other than that, there were no facilities in Manitoba for conducting chest clinics. It was small wonder that not only the practising physician, but also the medical superintendent at the Sanatorium wondered audibly what this nurse thought she could do.

The nurse herself was also doing a bit of wondering. The first thing to do was to get some idea of the extent of the problem. Several weeks were spent in the provincial vital statistics department, going through records of all the deaths for the past three years. From these, all deaths from tuberculosis were listed and notes made from the meagre information on the death certificate, and these records were filed according to municipality. Then the nurse proceeded to Ninette, there to make records of all patients under treatment, or who had been under treatment during the previous three-year period. Here it was possible to get a good deal of information about families either from histories or during interviews on the wards.

She was told on arrival that Dr. Stewart had stated that if the department insisted on sending out a public health nurse, he hoped to goodness they had sense enough to pick someone who knew something about tuberculosis! He was not taking chances, however, and had made plans to give the nurse most intensive educational treatment. There were clinics on patients every day, also discussions on x-ray plates, on various types of disease and methods of treatment. At the end of three weeks she had learned a bit about tuberculosis; she had records of deaths from tuberculosis and of tuberculous patients treated during the past three years. With these, she was turned loose alone on what looked remarkably like the wide, wide world.

Her first hurdle was, of course the attitude of the medical men. In every district, she had first to tell each doctor who she was and why she was there, and get permission to visit his patients. This created considerable amusement and the question of what she expected to do was a little difficult to answer. In those days, also, there were still many people who felt that tuberculosis was something to be ashamed of, something they did not wish the neighbours to know, and this feeling was greatly respected by the doctors. There were times when it was difficult to get permission to visit certain patients.

Gradually an objective evolved. We had nothing definite to work to, so all we could hope to do was to waken people to a realization that one case of tuberculosis usually left others in its wake; that infection might smoulder for a long time before blazing into disease. Right from the start our service was offered to rich and poor, to literate and illiterate, so that we had constantly to adjust and alter our ways of thinking and talking to meet all degrees of education and social backgrounds. Operating over such a wide area and such a long way from the home base, it was evident from the start that visits to individual families would be infrequent and that every visit must be useful. It was essential to learn to make friends of total strangers at once, under most trying circumstances. Quite frankly I think we succeeded to a remarkable degree. When clinics really were started in 1927 and 1928 they were welcome. People knew why they were being held and responded well by attending and bringing their families. Our early efforts, which had seemed likely to be pointless and perhaps fruitless, bore good fruit.

While the nurse of today is certainly much better prepared for her work than was the nurse of yesterday, nevertheless, I think the past has some lessons for the present and the future. Sometimes, it seems as if the nurse of today is so aware of the difficulties ahead and so fearful of the results of her own words and actions, that she is defeated before she starts. Perhaps she is getting too much advice and too much help. A little return to the seemingly heartless but certainly stiffening attitude of "difficulties? Certainly you will have difficulties. That is what you are here for", might be a good thing. Such an attitude on the part of directors and supervisors does present a challenge to the public health nurse.

We need also to recapture the spirit of adventure, the feeling of being the first to explore new fields. You are not likely now to be the first public health nurse in any district or the first person to interpret public health work to a Manitoba community. You are not likely to find yourself on a lonely road with a broken axle, in the late afternoon, suddenly hailed by someone looking and sounding like a highland chieftain, complete with tartan scarf and balmoral and to be taken through the bush to a two room log cabin, occupied by twenty people, ranging in age from three days and premature at that, to himself at eighty, to find a young man with a beautiful case of small-pox and only yourself to do anything about it.

There are, however, other ways of pioneering. Many times you will be the first public health nurse to visit a home. In every such visit you have opportunity for the greatest of all adventures, those which lie in the realm of the mind and the spirit. Every new family presents the challenge of a new field to conquer. The nurses who work in a city have much to be thankful for. You know where you will sleep each night; you have agencies to cope with almost all the social ailments of mankind; clinic facilities, daily and not once a year, within easy reach of your patients and not ten, twenty or thirty miles away. Doctors are as concerned to get contacts examined as you are, and you can visit families as frequently as seems necessary to carry out your teaching programme.

In spite of all these facilities you will fail to achieve your objective unless you have a sincere and genuine interest in the problems of even the poorest and most backward of the people you meet. You must be able to interpret and teach on the level of understanding of the people with whom you are dealing. You must make them your friends — that is your job.

I recently read an article which suggested that, as teachers, we must divide our pupils into three classes: First ourselves — we must take every opportunity to acquire new knowledge of tuberculosis. Some of this must be acquired by extra study after five o'clock. We must be willing to give some of our own time to the pursuit of knowledge.

Our second class is the general public. It needs to have its mind relieved of many superstitions. For instance, it should know that not every cough signifies tuberculosis. This does not mean that one can safely assume a cough to be something else without medical examination. But if, after careful study, a doctor says it is not tuberculosis, there is no need to suppose he is mistaken. The public also should be made to understand that after a patient has recovered from tuberculosis, he is not dangerous to any one. People should be taught to distinguish between a careless and a careful patient and that it is safe for an adult to visit the latter. There is still much morbid fear of tuberculosis, and the fear of social ostracism should not blind us to the truth. Dr. H. S. Mustard says that no sputum-positive case should be discharged from the sanatorium so long as he is sputum-positive; and this, regardless of his chances for ultimate recovery. He also lists ten other items the public should know:

1. That a chronic, even though mild, state of ill health needs medical investigation.
2. That this is particularly necessary (a) in young adult life, (b) in one who has been exposed to tuberculosis, (c) in thin, delicate persons.
3. That loss of weight, chronic cough, spitting of blood, pleurisy are danger signals, never to be disregarded, even in a person who otherwise feels well, or looks well.
4. That the first essential for recovery is early diagnosis.
5. That no physician may safely say a person has not tuberculosis without a complete examination, including x-ray, and that failure to find tubercle bacilli in the sputum does not mean freedom from the disease.
6. That getting well of tuberculosis cannot be made secondary to or fitted into the ordinary schedule of existence; for the time being, getting well must be a full time job.
7. That tuberculosis is a communicable disease; that persons living in the same home are subjected to a dangerous hazard.
8. That exposure, especially continuing familial exposure, is dangerous to any age, but particularly so in infants, adolescents and young adults.
9. That the disease may appear in any family, regardless of wealth, social position or assumed freedom from exposure.
10. That tuberculosis is a community problem, demanding social action if better economic conditions, and proper diagnostic and sanatoria facilities are to be made available for all those who need these things.

The third class is the patients themselves. They need an understanding of tuberculosis and particularly of their own tuberculosis. This they will get at the sanatorium and it is one reason why sanatorium treatment is so essential. They need knowledge of how to protect others.

Finally, I would like to stress one thing out of my own experience of which I became more and more convinced as I did tuberculosis work. The only way in which satisfactory and efficient work for the tuberculous patients can be done is by having it carried in a generalized public health nursing service. It is the nurse visiting the home because of a pre-natal case, a new baby, or because a school child has measles, who needs to know if there is a background of tuberculosis. If there is, while the tuberculosis is not directly responsible for the call, her advice will be influenced by the knowledge that there has been an opportunity for tuberculous infection, or that there was definite tuberculosis which now needs to be considered. If you have two nurses visiting, one because of tuberculosis and one for some other reason, this important tie-up may very easily not take place.

In conclusion, only those who feel that public health work offers a real challenge, only those who find real adventure in human contacts, should remain in the public health field. Don't be afraid to face an impossible task. If you never take a chance, you will have a safe journey through life but an awfully dull one.

The Passing of a Pioneer

With the recent death of Mrs. Rebecca Strong, O.B.E., another link in the chain of pioneers in nursing education is severed. On the occasion of her one hundredth birthday, the *Journal* paid tribute to her long devotion to nursing and the splendid personal contribution which she had made. (See October and November 1943 issues.) She was an exceptionally able woman, courageous, original and of tireless energy and determination. Despite her age and increasing infirmity, Mrs. Strong never lost her keen interest in everything to do with nursing. Her last message summarizes the creed by which she lived—"Trust in the Lord and He will bring it to pass".

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

Weighed and Found Wanting

RAE CHITTICK

War does two things in the field of health. It speeds up medical research and makes a nation conscious of the health of its citizens. Almost every newspaper or magazine one picks up today mentions some new medical discovery. The treatment of wounds has been revolutionized. The possibilities of wiping out ancient scourges have become realities. We are told that one of the greatest victories of the war is the conquest of typhus. So effective has been the new vaccine that not a single soldier in Africa has come down with this ancient curse of the armies. The miracles wrought by sulfa drugs, blood serum and penicillin are common knowledge. Physicians have gained new insight into the nature of shock, the control of infection and the treatment of burns. This is a strange two-faced war with destruction on one hand and healing drugs on the other.

War reveals the physical and mental defects of the individuals who make up a nation. Widespread medical examinations of our young men and women show a tremendous number of physical defects. When we realize that from 20 to 37 in every hundred examined are unfit for the armed forces, we wonder how this has come about. Just why are Canadian boys and girls failing to grow up healthy men and women?

A leading medical authority sets down ten chief causes for rejection of men by the armed forces. Eye defects headed the list. Mental defects, such as odd behaviour, obsessions, illusions and hysteria came next. Other defects were injuries to muscles and bones, defective hearing and underweight. Dental defects were omitted for although they stood first as a cause of rejection in World War 1, their widespread prevalence today forced authorities to accept men with poor dental conditions.

In times of peace Canadians are much too complacent about health. There is a widespread notion because we have plenty of wide-open spaces, and can grow more food than we can possibly eat, that we are a healthy people. We are reluctant to know the truth and to face reality. Our vital statistics reveal some appalling facts. Our high infant mortality rate is well known. Of twelve nations for which we have data, Canada ranks ninth in infant mortality. About fifteen thousand people die each year in Canada from communicable disease, most of which could be prevented. Tuberculosis kills six thousand annually and incapacitates another thirty thousand. The nutrition surveys done across Canada revealed that only 40 per cent of our people were adequately nourished and that 20 per cent were seriously undernourished. In actual figures this means that more than two million people in a country that produces great quantities of food suffer from severe malnutrition.

There is a growing feeling across Canada that the much-talked about social security legislation is going to meet our health problems and, in fact, be a panacea for all our ills. Everything is going to be made right by health insurance, by family allowances and by pension funds. Health insurance may do a great deal to improve the health of our people, but to look upon it as a solution to our present problems is to close our eyes to the facts. Ronald Whillans, writing in Toronto Saturday Night a few weeks ago, made the statement that on the basis of the army standard (one dentist to 500 men) we need 23,000 dentists. At present we have but 4,400 dentists in all Canada with about 150 graduating each year from our dental schools. What can health insurance do to solve this tremendous dental problem?

There are large areas where, because of the great distances and sparse population, it is impossible even with a scheme of health insurance to give good medical care. Moreover, today is a day of specialists. Medical care has become extraordinarily complex, and if we could supply a general practitioner to every district, even if he were a superman, he could not give adequate treatment in all circumstances. But most serious of all, health insurance will not take care of ignorance, superstition, and negligence.

With these facts before us, how do we set about improving the health of the Canadian people? It seems to me there is only one solution — prevention of ill health — and the foundation of prevention is education. There is too great a gap between what we know in health and what is put into practice. The schools have given lip service to health education but haven't made it function. There are several reasons for this. One is that teachers are afraid of health instruction. Health is a subject which gets them involved with the home conditions of pupils and with the views of parents. It is personal and individual and so requires tremendous tact and resourcefulness to prevent difficulties. There is a tendency to teach health as a formal subject, to give out information and hope the children will apply it. Good health teaching means much more than health instruction. It means looking into the lives of individual children and helping them to become healthier, happier and more effective individuals.

You will remember that not so many years ago health was a dark and grim subject made up of physiology and the evil effects of alcohol and tobacco. Hygiene as a school subject got a bad name. It was mostly negative teaching, scaring people into what we considered proper behaviour. It was probably the most disliked subject on the whole school programme. Then, after the revelations of the last war, came a tremendous movement to make hygiene interesting and pleasant. The name was changed to health: fairies and gnomes, stories and verses were introduced to make this horrible subject more interesting.

For a decade or so health teaching was lost in its decorations. It became unscientific and frequently ridiculous. This form of teaching was just as nonfunctional as that of the grim and gruesome era. Then came a movement to simplify health teaching, to pull it down to essentials and make it practical and functional. A set of health rules or a health code ushered in this era. Health lessons became stereotyped: they were based on the rules. When all the rules were covered the teacher started over again. It was a deadly business. Well, some schools are still teaching health rules today. In my opinion teaching by rules is just as poor a technique as all the nonsense of fairies and gnomes, poems and parodies that cluttered up our earlier teaching. Health can't be taught by a set of rules. It is a whole way of life that is lived hour by hour.

Health teaching in school begins the minute the first child opens the door in the morning and continues until the last child has left the building in the evening. Your welcome to the child when he arrives in the morning, your effort to make him feel at home and an important member of the group, your words of praise when he does something well, your recognition of his personality with its emotions and frustrations and feelings of inferiority, your insight into his methods of compensation and of gaining recognition, your means of making him a more effective and happier member of the class are a great part of health education.

Mental health comes first: it gives the climate in which physical health may be developed. An interesting study was done a few years ago in the schools of Minneapolis and Cleveland. A large number of teachers were asked to set down in order of importance what they considered the most serious problems in discipline and classroom management. The teachers' lists were assembled and submitted to a group of psychologists and mental hygienists. These specialists almost reversed the order of importance of the problems as set down by the teachers. What the teachers considered important were the problems that upset the quietness and order of the classroom. What the specialists considered important were unsocialness in the child, suspiciousness, unhappiness, shyness, evasiveness, resentfulness, being easily discouraged. These qualities in the child did not upset the routine of the room, so the teacher was not seriously concerned with them. All behaviour is significant and it is important for teachers to know where to direct their attention. The overt act is not so important, but the significance lies in the reasons behind the behaviour.

The following suggestions are given with the warning — all of them won't work in every situation:

1. Be aware of why children miss school. By that I mean try to see behind the note the parent sends or the excuse the child gives. Why children miss school is a doorway into an understanding of the physical and mental health of the child, and an understanding of his home environment. If it is sickness, tactfully get enough information to know the nature of the illness. Adjust the child's day in the light of this knowledge. Watch how often the same types of illness seem to appear, and if they are influenced by season, work at school, frustrations or difficulties at home.

2. Work whole-heartedly to get remediable defects corrected. Don't be a defeatist and feel that you can't do anything about them, and that it isn't your job anyway. And don't be easily discouraged. Remember that under the best of conditions the correction of physical defects among children is slow.

3. Check on immunization as part of your observations on the health of the child. Protection against diphtheria, smallpox, and whooping cough would make a sweeping cut in our communicable disease rate. In Calgary, where vaccinations are done free of charge by the city health department, only about 40 per cent of the children are vaccinated. There is a tremendous lag in what we know should be done to prevent communicable diseases and what is actually put into practice.

4. Invite the mothers to talk over the progress and behaviour of the children. Make it a friendly, informal visit. In home and school relationships, nothing can be done except through the bond of friendship.

5. Try to take stock of what you are doing. Here are a few questions that you might ask yourself: What health activities have I carried out successfully this year? What changes have taken place in the health behaviour of my pupils as a result of my health programme? What changes have taken place in the school environment as a result of my health programme? In what way have I tried to reach the parents in health matters? What improvements do I plan for next year as a result of my experience this year? I should like to say here that it is important

to try new ways of teaching health, to vary one's methods from year to year. The only way to find out what brings results is to experiment.

6. Keen interest in health comes from being well informed. There is a great wealth of literature in the health field from the popular "doctors' books" to well-written informative articles on school health activities. You may feel that books like "Burma Surgeon", "Ambassadors in White", and "Exploring the Dangerous Trades" do not help much in health teaching, but, besides being good reading, they give you insight into what others are doing and a feeling for the whole field of health.

In conclusion may I repeat that the building of fine citizens lies in a programme to prevent the development of mental and physical handicaps. Young children are impressionable, and anxious to do what is suggested. Perhaps you might keep in mind an observation made by Anatole France—"I would make lovable that which they ought to love".

A New Leader in Public Health Nursing

Public health nurses throughout Alberta united in welcoming Helen G. W. McArthur to the position of Superintendent of Public Health Nursing Service in the Provincial Board of Health when she assumed her new duties on July 1.

Miss McArthur is a native Albertan and received most of her education in that province. In 1933, she graduated from the University of Alberta Hospital, and the following year received her degree, B.Sc., from that University, taking public health nursing as her preferred course. She served as senior public health nurse in the Foothills Health District at High River for three years, after which she joined the provincial service as a district nurse. This intimate experience with rural generalized service in outlying districts, without the services of a medical practitioner, where a full morbidity service as well as a preventive programme are carried out, was valuable preparation for the work Miss McArthur will now be undertaking.

HELEN MCARTHUR

In 1940, she had a year of post-graduate study at Columbia University, after which she received her M.A. Since 1941, Miss McArthur has been acting director of the school of nursing at the University of Alberta.

District, section and provincial nursing associations have all benefitted from Miss McArthur's knowledge and leadership. With her election at the recent Canadian Nurses Association convention to the chairmanship of the national public health section, all public health nursing in Canada will profit by her broad understanding of its problems.

Despite her busy professional life Miss McArthur finds time to maintain that all-important balancing agent — outside activities. Books and music are her chief interests. The *Journal* wishes her great success in her new venture.

GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

The General Staff Nurse's Approach to Community Health

STELLA MURRAY

The fact that the young nurse of today has graduated from a modern school of nursing with its greatly expanded curriculum, places upon her an enlarged responsibility toward those whom she is to serve. No previous group of nurses has covered so comprehensive and varied a course of study and practice. Hence, the public looks for a greater degree of knowledge and general proficiency from the present-day graduates.

We are all aware that the first requisite of a good nurse is that she have a genuine interest in people. From this, it follows naturally, that she will be interested in every detail both mental and physical that pertains to their well-being. Therefore, if she is to be an effective agent in procuring the best for them, she must acquaint herself with the general set-up of the community in which she is serving. What is its economic status? From what sources do the people derive their income? She must have a knowledge of the health program, the system of police and fire protection; she should be familiar with the educational facilities and equipment within the community, as well as have a grasp of the general attitude of the people toward education in general, especially their ideas and willingness to adjust to post-war changes in education. The nurse must familiarize herself with each individual family and person whom she is called upon to serve. What is their social adjustment within the family circle and in the community in general. With the ever-increasing importance being placed on the mental health of the patient, this information is of vital importance to the nurse and opens up a wide field of opportunity for helpfulness and teaching on her part.

Modern training for the nurse lays heavy emphasis on her importance as a teacher, regardless of what branch of her profession she chooses to follow. The general duty nurse has as wide an opportunity in this phase of her work as the public health nurse, because she is in such close contact with not only the patient but also their families and their friends. By careful and detailed explanations the nurse can do much to allay a patient's fears of impending treatment and to eradicate that age-old fear of hospitals. Many patients, as well as their families and friends, have become interested in hospital work and public health in general, because a capable and far-seeing general staff nurse gave them their first insight into the set-up of hospital service, acquainting them with its personnel, the daily routine and the co-ordination of its various departments with one another, as well as with outside health agencies. The nurse must always remember that the average patient is more inclined to be in a receptive mood for instruction along health lines when he is ill. She should use this opportunity to stimulate interest, not only in his own well-being but in that of the community in general.

In striving to fulfill this role, the nurse comes to realize in a very practical way, how necessary and important is her ability to co-operate with others. She must not only adjust to the temperament of each individual patient either in hospital or at home, but also with the household in general, or with the personnel of the hospital and its associated health and social agencies. The nurse's effort toward co-operation must not stop within her own particular group. She must be familiar with the work of the visiting nursing associations and social service groups and assist in any way she can.

The aptitude of nurses in this respect has been put to the test in the past two years, with the ever-increasing shortage of nurses. We are proud of the nurse who can go directly from a modern well-equipped hospital, into small institutions in rural areas or to a humble home, and carry out her duties efficiently and cheerfully with due consideration for her fellow workers. Nevertheless, we hope that those who appear to be more concerned with selling their services to the highest bidder, than with making the best use of their professional skill, may catch the gleam from the former group and follow their example. It is to this outlook that we can attribute the steadily increasing employment of practical nurses and aides. This group, having filled in during the crisis of the war years, have a right to protection and employment in the post-war era. Therefore, if we would maintain the status that has been gained for our profession by its outstanding leaders, we must accept the challenge of these critical days and render our most efficient service wherever the need is greatest, regardless of personal sacrifices and discomforts.

The way of the general duty nurses may be fraught with many difficulties and problems at the present but, to offset these, we must realize that we are facing a historically great future in the post-war era, with its varied systems of health insurance and public health programmes, which will automatically expand the fields of nursing. Therefore, it is our duty not to be found wanting when that day arrives, but to use every opportunity now to prepare ourselves to fit smoothly into these schemes as they develop since we are all working together for the betterment of family and community life.

Have you Ordered the September Issue?

If you have read the story of the convention, you will realize that there were many extremely interesting and important papers and reports, most of which are being printed in full in the September issue. No nurse can afford to miss informing herself about what is going on in the nursing sphere in Canada. But a great many nurses are going to miss this double-size issue if they don't order their copies very soon. Due to the exigencies of paper rationing the number of extra copies ordered has to be limited. Send forty cents for yours today. Of the 468 registrants at the convention 134 were not among the regular subscribers who will automatically receive this issue at no additional cost! Order your copy now. Better still, send in your full subscription and get twelve issues.

HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A.

The Importance of Psychiatric Training for Nurses

EVA B. MOORE

Probably no branch of nursing has been more neglected or underestimated than that of psychiatry, even though, over a period of years, the populace and professional groups have been becoming more "psychiatry minded". The old idea of stigma attached to any manifestation of mental illness has been gradually fading out, even though this has been painfully slow. Progressive hospitals have taken pride in their teaching curriculum for student nurses and medical students, have arranged special clinics and demonstrations for their benefit and have given them the advantages of the most modern equipment and instruction. Yet, these same students graduate with no understanding of mental illness and a firm conviction that a patient is either sane or insane, the latter a particularly hopeless state of affairs which will eventually require custodial care for the remainder of the patient's miserable existence.

The war and the publicity being given to the treatment of "war neurosis," or shell-shock, to use World War I's terminology, has done much to awaken interest in both the medical and nursing professions in the post-war place of psychiatry in modern hospitals. Victoria Hospital in London, Ontario, has taken the first step in preparation for this. On March 11 of this year, they opened a 15-bed Psycho-Medical Unit which is functioning as an integral part of the rest of the hospital, with reciprocity with the other services in regard to consultations and diagnoses. A patient admitted as a medical case and, after investigation, found to require surgery, is automatically transferred to the latter service; similarly, a case with somatic complaints of obscure origin is referred to the psycho-medical ward for consultation to rule out or elicit the psychological factors which could be responsible for the patient's condition. This, too, has resulted in patients coming for help who would never have gone to the mental hospital until their symptoms were so pronounced that certificate admission would have been necessary or, at least, until their illness had been of such long standing that protracted hospitalization would be required.

Many years of training and experience are necessary to produce a really qualified psychiatric nurse for no amount of theoretical instruction can take the place of practical experience. It is true that, like the "green thumb" attributed to the successful horticulturists, some people seem "cut out" for this type of work while others are not. But, even those not equipped emotionally to make this their specialty, can and should grasp the essentials which can be of so much value in the care of any person who is ill, since it is an accepted fact that anyone who is physically ill is not the same person as when he is well.

Basically, the garden variety of common sense, tact and infinite patience, plus a genuine interest in people, are the chief requisites and these have long ben extolled as virtues necessary in all good nurses. Patients approaching senility can be extremely difficult to care for in a ward with either medical or surgical cases, yet, no group demonstrates the advantages of psychiatric training to better advantage. This was brought to my attention recently with an old gentleman who was senile, with a cardiac condition. He had been struggling to get out of bed and the student nurse, mindful of his heart condition, was attempting to keep him in, explaining over and over that he was ill, that this was a hospital, etc. But, eventually, he slapped the nurse who had to call two orderlies to assist her. A nurse with psychiatric training came to the rescue, found that he insisted upon getting up so that he could move the car out of the driveway so the boys could get in when they came home from work. Quietly, she assured him that the car had been moved and the boys would have plenty of room to drive in. Immediately, he settled back, thanked her and temporarily was content to remain in bed. This is a small and relatively unimportant situation, yet, one which is being duplicated in one guise or another day after day in any hospital ward.

Then, too, many nurses have been responsible to a large degree for sending patients home from the hospital in a state of chronic invalidism, due to the fostering of their neurotic tendencies while hospitalized. This is particularly true of special nurses. They are eager to please the patient, his family and his doctor and tend to be over solicitous of the patient's querulous complaints. They call the doctor for first one trivial ache and then another, and he, in turn, orders elaborate treatments and medications when, often, it is of a wholly functional nature. Only psychiatric training for both the doctor and the nurse can eliminate this oversolicitude and restore the patient to society as a functioning entity instead of a wailing invalid. I am speaking only of the neurotic type of individual and not, of course, of patients in general.

I hasten to add that special nurses are very necessary and very valuable in any hospital but they are usually not indicated in a psychiatric case. The reason for this is that a hyperactive patient is eager for an audience to whom he can expound his theories. This spurs him on to even greater activity and a nurse constantly on hand acts as a stimulus to an already excited person. Likewise, a patient who is depressed and full of somatic complaints feels that, contrary to the reassurance of his physician, there *must* be something very seriously wrong, if he needs a special nurse and he likes to go over and over his troubles and symptoms, if he has an audience.

Aside from the humane aspect, psychiatric training is important from an economic standpoint. In 1941 (the last Dominion statistics available) the total patient population in mental hospitals in Canada was 49,245 of which total the Province of Ontario contributed 16,409. Surely nothing could be more important than returning even a part of this group to society. The cost of maintenance of patients in public mental hospitals in that same year was $16,152,328.81 and paying patients contributed only about 10% of this total. It can be assumed that this cost has increased substantially since then. Up until comparatively recent years, recoveries in mental hospitals were the exception rather than the rule but now, due to modern therapy, increased psychotherapy and better trained staffs, the recovery rate has risen markedly in the past ten years and, in 1941, there were twelve hundred more discharges from mental hospitals than in 1931. Is this not, in itself, a challenge to any enterprising nurse to specialize in this field or to at least acquire a "working knowledge" of human behaviour both normal and abnormal?

Certainly, nowhere is there a greater need of understanding and education than in the care and treatment of the mentally ill, and I believe that there are few experiences which compare with the sense of satisfaction a nurse feels when she sees a patient to the front door on his way home, a normal, healthy citizen who, not many weeks before, had been a noisy, irrational and often abusive individual.

A Well-Earned Promotion

The announcement of the appointment of Principal Matron Frances G. Charlton to be assistant to the Matron-in-Chief of the Royal Canadian Army Medical Corps has been welcomed with pleasure.

Miss Charlton was born at Thornhill, Ontario. She received her education at the Toronto Model School, Harbord Collegiate Institute, and Central Technical School. She graduated from the Toronto General Hospital School for Nurses in 1925. She served in increasingly responsible positions on the staff of this hospital from the time of her graduation until she entered military service in September, 1939.

Nursing Sister Charlton was in charge of the Operating Room of the Toronto Military Hospital until 1940. In June of that year she went overseas with No. 15 Canadian General Hospital. She took charge of the operating room in this hospital in England, later receiving the appointment of Assistant Matron. In October, 1942, she was appointed Matron of the Basingstoke Neurological and Plastic Surgery Hospital. She continued in this position until recalled to Canada in April, 1944.

The news of her further promotion has been received with much satisfaction by her friends and associates. Her alma mater is proud of her. The award of the Royal Red Cross, first class, was conferred upon Major Charlton in the King's birthday list, June 1944.

Principal Matron Charlton possesses a rich store of the qualities required to successfully fill her new position. She is regarded by all who know her as an understanding and sympathetic person. She has a keen sense of humour. She has made an outstanding contribution to nursing in both civilian and military hospitals. Nurses overseas and in Canada rejoice with Major Charlton and wish her great happiness in her work.

—MARY E. MACFARLAND

Canadian Army Photo

MAJOR FRANCES CHARLTON

D-Day and Some Casualties

Principal Matron D. M. Riches

D-Day came upon us so unconspicuously, so utterly without any fanfare or excitement that we over here were scarcely aware that the historic and long awaited day had arrived. Naturally a good deal of planning for the part we were to play had been done in advance and — no doubt we were exaggerating our own importance — we had felt that when this long heralded event took place, we should need six telephones to keep abreast, but came the close of the day, and our one, usually over-worked instrument had had an almost complete day of rest and silence. As we left the office feeling that something must be wrong, this simply couldn't be *the* day for which we had so long girded our loins, we noted a shift in the 'bus queues — instead of by the "stop", long lines of people stretched down the street from every available newspaper vendor. It was D-Day alright and what a success!

It was not immediately that our hospitals began admitting casualties, but when they did they upheld the high standard of efficiency which they have established in the last four years in England. Thanks and compliments have been received from the British for their help and we feel the Lieutenant Nursing Sisters are in no small way responsible. The hospitals were at no time filled to capacity, but they acted more or less as Casualty Clearing Stations—in the first line of evacuation — men were admitted, resuscitated, given surgical attention, and then discharged to base hospitals, within 24 hours, at most 48 hours. The rapid turnover necessitated careful and accurate records kept up to the minute with practically no detail — it made for work throughout the 24 hours, with little difference between day and night shifts. But all went very well and as we settle down to the routine of this more active life in this theatre of war, it has occurred to us that you in Canada might like to hear a few anecdotes of the first exciting days.

As the hospitals began to admit patients, Miss Neill, the Matron-in-Chief, suggested that I might visit one or two of the hospitals. I was delighted — the opportunity was an exceptional one. Luck was with me — I found a C.B.C. Unit with transportation casting about for a Canadian Hospital with some Canadian patients. I immediately made a bargain — for a ride in their car to two of our hospitals, I would help find the Canadians for them. I got the ride and arrived at one hospital just before lunch— there were Sisters looking, perhaps a little weary, but with a light in their eyes I had not seen before.

They were really busy — their first lot of casualties had arrived late the evening before, and night had turned into day. They were all enthusiastic but perhaps a little disappointed that these precious first battle casualties were to be moved almost at once — already long lines of red cross-marked ambulance were in front of the hospital awaiting loading, to carry the men on to some unknown destination. Before my C.B.C. transporters could get ready for work here, the Canadians who had been admitted were discharged. I promised them better luck at the next hospital if they would wait while I saw the men who were still patients. Around the hospital I went — those lads will never know how very thrilled I was with them. Most were British — flaxen hair and blue, blue eyes in the majority, which surprised me — with the sunniest of smiles and evident delight that they were with Canadians. They one and all said so without hesitation. They were, in the main, completely exhausted — tired out — yet some were already writing letters, though as one lad put it "I wrote my mother the day before yesterday — I can't find anything to tell her to-day". As I passed another bed a "Tommy" wakened from heavy sleep to say "Where am I, Sister?"—the answer opened his eyes wider and disappointment shadowed his face as he turned disgustedly over saying "And I've been training three years to get away from the place." There wasn't much talk in the wards — radios were turned down except when the news came on and then they listened tensely. The boys who were able had shaved themselves, and many who weren't had been shaved — one corporal covered his unshaven face with one good hand (the other in plaster) and apologized because he was unshaven!

The next hospital I reached I was able to produce Canadians for my C.B.C. chauffeurs. The boys were not too badly wounded to talk of their experiences but they were too utterly tired. They gave their stories easily, but the presence of the microphone was too much for them, and only 'bits' could be recorded — perhaps you heard them. One of these lads had been hit before he reached the beach, and his disgust was almost amusing — not even to have fired his own rifle seemed unjust and unfair. Here the main topic was the grand lunch those who were allowed it had had — never had there been such a meal! The odd one or two awaiting operation were being 'kidded' on all sides and they, to hold their own, were reminding their pals how seasick *they* had been a few hours before. And so around another hospital I went — hearing gratitude for cigarettes, food, and so on. One British lad shyly told me that he was within five minutes of his home — and that little story was supplemented by his less shy Canadian neighbour who said "You should have heard him last night — looking out of the back window of the ambulance, 'Gorblimey they're delivering me right to my own back door!'" It was reassuring to hear that not many of the wounds were very serious, or would be incapacitating, but a lot of the casualties would be back to "finish the job" which they so evidently resented not being able to do, right then and there.

At this hospital there were several wounded German prisoners. As I approached one bed and enquired in English "How do you feel now?" — I got a complete "deadpan" stare — probably the most expressionless I have ever encountered. This I felt was not quite good enough so I tried again with a bright smile. For this effort I got "Germany" the "G" very 'ch' in pronunciation. And still no suggestion of life in the face; so I tried my one German sentence "How are you today?" and accompanied it with antics that I wanted a smile from him. I got it, a big one and "Yah! Yah! cigaretten" and he held up for my view the box he had been given on admission. He was not very old, nor were any of the prisoners of war. I learned from the interpreter that their first concern on arrival was whether their relatives — wives and mothers would know where they were. Mainly they were all happy to be out of the war, well-behaved and very grateful for kindness shown them. One German Sgt. Major spoke French but his French and mine didn't jibe so I was again reduced to my one German sentence, which again was received with evident pleasure — though the flow of German it evoked left me exactly where I had been when I first spoke it.

It would be unfair not to make special note of members of the Nursing Service, other than the Nursing Sisters. Lieutenant (P/Aides) not engaged in their own work but cheerfully assisting wherever a pair of hands could be used—

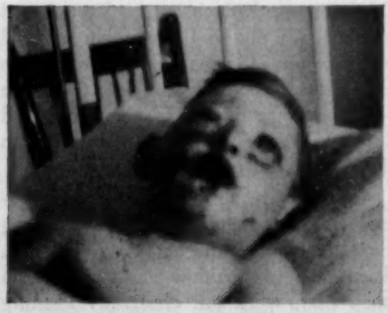
in the operating room, dressings, plaster bandages, clearing up, acting as runners and "general utility men" of the first order. The Lieutenant (Diets) deserve the highest credit for keeping food ready, hot and appetizing. Their lot was not an easy one, but one very well done. The Second Lieutenant (H/Sisters) were called upon too — tired Lieutenant (N/Sisters) found hot coffee or tea, sandwiches ever ready for them.

Throughout this trip I was impressed with the efficient way in which all routine work was being carried on as usual. Stretchers coming and going, teams working in relays in the operating room, x-ray machines here and there and all the hustle of well organized emergency work without confusion. In plain words I was, as I am sure you all would have been, very proud of the R.C.A.M.C. and in particular of the Nursing Service.

A Case of Sulfathiazole Reaction

FRANCINE PHILO *and* ELEANOR WOROBETZ

About two weeks previous to admission, Reuben, aged 5, was suffering from convulsions complicating what appeared to be a gastro-enteritis. He entered hospital on December 29 and after four days hospitalization with sulfathiazole therapy he returned home, where he received sulfathiazole 3½ grains twice a day for seven days. On January 12, Reuben developed a fever and a lump behind his left ear. The physician ordered the sulfathiazole therapy increased to 22½ grains daily but on the same day a rash appeared on Reuben's face. The following day his eyelids became swollen and red, and the rash covered his entire body. A day later, at 6 p.m. he voided an ounce of urine and none for twenty-four hours thereafter.



Reuben was very ill.

On January 15 the child was re-admitted to the hospital. His temperature, pulse and respirations were 102, 132, 28 respectively. He appeared toxic and critically ill; he was restless but rational. A generalized rash mostly discrete though confluent in some areas, was present over the entire body, most marked over the face and neck. It was maculo-papular in character, varying in size up to ½ cm. in diameter, and had haemorrhagic tendencies. The centre of each spot appeared necrotic, bluish-red in colour, while the periphery was flaming red.

There was marked formation of bullae over the face, some measuring 1½ cm. in diameter. These were filled with turbid fluid, some having crusts which left necrotic skin. The rash here was confluent, the whole face being a deep bluish-red colour. The eyelids were red, edematous, and adherent. Large bullae were present. The lips were markedly swollen, with the rash definitely hemorrhagic and bullous in character, discharging sanguinous fluid. Some sanguinous scales had caked on the lips.

The entire buccal mucosa was covered with thick grey slough. Sanguinous discharge oozed from the mouth and gums. The tongue was thickly coated and several hemorrhagic bullae were present. The breath had a foul odour of old blood.

The history and clinical symptoms gave the attending physician an impression of "severe toxic foccal necrosis due to sulfathiazole sensitivity". A blood count was done. This was not remarkable except that eosinophils were 3%, a rather high normal as might be expected in a case of allergy. A blood sulfathiazole estimation was ordered, but owing to the rash and the child's restlessness, the technician was unable to obtain a sufficient amount for estimation.

The mouth and eyes were cleansed with boracic solution 2½% and the mouth was painted with pure hydrogen peroxide four times daily. Siccolom ointment (which is a calomine and zinc oxide preparation with a drying effect) was applied to the rash on the legs, but owing to the child's restlessness it was impossible to apply it to other areas. Morphine grs. 1/20 was given hypodermically to soothe him. It was necessary to increase fluid intake in order to dilute the toxins being absorbed from the necrotic and infected skin lesions. The patient could not swallow so an intravenous of 5% glucose in normal saline solution was started, but had to be discontinued because of the child's restlessness.

At 4.30 that afternoon, Reuben's condition was poor. His pulse was rapid and thready. After administration of 100 c.c.'s of blood, intravenously, he suffered a severe chill lasting fifteen minutes. His temperature, pulse and respiration were 106, 160 and 20, respectively. Adrenalin, minims V, was given hypodermically. A tepid sponge bath brought the temperature down one degree. Reuben was then able to take a few sips of water and voided eight ounces. Urinalysis showed that the kidneys were having some difficulty handling body wastes: sugar 1.8%; acetone-positive; albumen-slight trace; pus cells 4-6 H.P.F.; red blood cells 2-4 H.P.F. The report showed no indication of the presence of sulfathiazole crystals.

By this time, bullae covered the entire body; a specimen of the discharge from them showed the presence of staphylococcus aureus non hemolyticus.

In the evening the child was again sponged. A cold soap suds enema was given which returned with a small amount of brown liquid stool. The temperature was now 104.2° and the patient rested more quietly. This made possible the administration of 500 c.c.'s of 10% glucose solution intravenously, following which the temperature went down to 103°. Reuben voided eight ounces and by midnight his condition was slightly improved.

On January 16, and daily thereafter, yellow oxide of mercury ointment 1%, was instilled in the eyes. This is a mild antiseptic in a fatty base, used to prevent adherence of the eyelids. Calomine lotion was applied to the body that morning, but from then on olive oil was used. The pulse was of good quality and came down to 118. Intravenous administration of 10% glucose was continued twice daily until January 19, when he could take sufficient liquids by mouth. That day Reuben was very restless and coughed a great deal. Fortunately, he had very good nights.

On January 21 he became very irritable and refused all nourishment. However, he again spent a good night, during which he took fifteen ounces of orange juice. On January 22, he spent a much better day. He ate well, voided sufficiently and had good bowel movements. By January 24 the private duty nurses were off the case. Reuben was given a complete bath, except his lips, and olive oil was applied to his body. The next day the child was allowed out of bed. The lesions on his body had almost disappeared and those on his face were somewhat better. He was given a light nourishing diet. On January 28, he left the hospital greatly improved. The lesions on his face had cleared up and he had rallied from the toxic condition. From the attending physician we learned that Reuben has made a marvelous recovery. He lost two of his incisors as a result of the infection in his gums and mouth, but his appetite is good and his vision is not impaired.

Everyone in the hospital was interested in this case for two reasons. First — we were particularly happy to see Reuben recover as his prognosis on admission was very grave indeed. Secondly — it showed the necessity of a thorough and comprehensive knowledge of the sulfa drugs and their derivatives.

Victorian Order of Nurses for Canada

The following are the staff appointments to, and resignations from the Victorian Order of Nurses for Canada:

Elsie Schuman and *Betty Short,* who have been on leave of absence with scholarships from the Victorian Order, have completed the course in public health nursing at the University of British Columbia, and have been appointed as nurse-in-charge of the Niagara Falls Branch and the Elphinstone Branch respectively.

Susie Jones, a graduate of the Toronto General Hospital and of the course in public health nursing, University of British Columbia, and *Hilda Richardson,* a graduate of the Royal Jubilee Hospital, Victoria, and of the course in public health nursing, University of British Columbia, have been appointed to the Victoria staff.

Mildred Gough, a graduate of Grace Hospital, St. John's, Newfoundland, has been appointed temporarily to the Montreal staff.

Margaret Ross, previously on the Pictou staff, has been appointed nurse-in-charge of this branch.

Mrs. Ora Black, a graduate of Wellesley Hospital, Toronto, has been appointed temporarily to the Oshawa staff.

Vivian Adair, having completed the course in public health nursing at the University of Toronto, has been reappointed to the Ottawa staff.

Isobel Black, B.Sc.N., has resigned from the Niagara Falls Branch, having opened the service there, to accept a position with the University of Manitoba. Previously Miss Black was assistant supervisor on the Hamilton Branch.

Jean Weir and *Sylvia Davidson* have resigned from the Oshawa staff and have entered the R.C.A.M.C. and R.C.A.F. Nursing Service respectively.

Margaret McLean, who has been temporarily nurse-in-charge of the Canso Branch, has resigned to be married.

Isabel Black has resigned as nurse-in-charge of the Kingston Branch to accept a position with the Provincial Department of Health of Ontario.

Margaret Baker has resigned from the Sackville staff to do other work.

Grace Arnold has resigned from the Toronto staff to be married.

Jean Malcolmson has resigned from the St. Catharines staff.

M.L.I.C. Nursing Service

The Welfare Division of the Canadian head office of the Metropolitan Life Insurance Company announces that *Emma Rocque, R.N.* was recently appointed provincial supervisor of Metropolitan Nursing Services in the Province of Quebec. Miss Rocque graduated from the St. Vincent de Paul Hospital, Sherbrooke, and took her postgraduate public health nursing course at the University of Montreal. She joined the Metropolitan Nursing Service in 1922 and since 1928, until her promotion, was in charge of the McGill Nursing Office of the Company's service in Montreal.

Notes from the National Office

Contributed by KATHLEEN W. ELLIS

General Secretary and National Adviser, The Canadian Nurses Association.

General Meeting—1944

The first repercussions of the very successful convention held in Winnipeg from June 27-30, 1944, have reached Montreal in time for some of the highlights to be included in this issue of the *Journal*. It is understood that following the custom of recent years, full reports and addresses given at the general meeting will appear in the September number of *The Canadian Nurse*.

The officers elected for the biennium 1944-46 are: President, Miss Fanny Munroe, Superintendent of Nurses, Royal Victoria Hospital, Montreal, P. Q.; First Vice-President, Miss Rae Chittick, Instructor of Health Education, Normal School, Calgary, Alta.; Second Vice-President, Miss Ethel Cryderman, Director of Victorian Order of Nurses, Toronto Branch, Toronto, Ontario; Honourary Secretary, Misss Evelyn Mallory, Associate Professor of Nursing, University of British Columbia, Vancouver, B.C.; Honourary Treasurer, Miss Marjorie Jenkins, Superintendent, Children's Hospital, Halifax, Nova Scotia.

The officers of the three National Sections are: *Hospital and School of Nursing Section*: Chairman, Miss Martha Batson, Montreal General Hospital, Montreal, P. Q.; First Vice-Chairman, Reverend Sister Clermont, St. Boniface Hospital, St. Boniface, Manitoba; Second Vice-Chairman, Miss G. Bamforth, Royal Alexandra Hospital, Edmonton, Alberta; Secretary, Miss Vera Graham, Homeopathic Hospital, Montreal, P.Q. The Sub-committee on Instruction functions under this section, chairman to be announced. *Public Health Section*: Chairman, Miss Helen McArthur, Provincial Health Department, Edmonton, Alberta; Vice-chairman, Miss Mildred I. Walker, Institute of Public Health, London, Ontario; Secretary-Treasurer, Miss Jean S. Clark, City Hall, Calgary, Alberta. *General Nursing Section*: Chairman, Miss Pearl Brownell, 212 Balmoral Street, Winnipeg, Manitoba. Other officers to be announced later.

Standing and Special Committees 1944-46

At this time, it is impossible to announce the personnel of committees and sub-committees in full. However, it can be stated that in addition to the three national sections, twenty-three committees and at least six sub-committees function in the interests of the Canadian Nurses Association. The committees already appointed are:

Standing Committees: Committee on Nursing Education, chairman, Miss E. K. Russell, Toronto, Ontario. Under this committee function the sub-committee on the Curriculum for Nurses in Training in Mental Hospitals, chairman, Miss N. Fidler, Toronto, Ontario; the Sub-committee on Subsidiary Nursing Groups, chairman to be appointed.

There are two other standing committees: the Programme Committee and Arrangements Committee, whose chairmen are to be appointed later.

Special Committees: The Advisory Committee to the Matron-in-Chief, R.C.A.M.C., chairman, Miss F. Munroe, Montreal, P.Q.; The British Nurses Relief Fund Committee, chairman, Miss G. M. Fairley, Vancouver, B.C.; The Canadian Florence Nightingale Memorial Committee and The Florence Nightingale Committee, C.N.A., chairman, Miss Jean Masten, Toronto, Ontario; The Exchange of Nurses Committee, chairman, Miss M. K. Holt, Montreal, P.Q. The personnel of this committee is also to function as the Selection Committee for the British Civil Nursing Reserve and the Committee on Nursing Personnel, Orthopedic Hospital in Scotland.

Other special committees include: the Committee to Maintain Contacts with the Dominion Health Council, chairman, Miss E. L. Smellie, Ottawa, Ontario; the Committee on Health Insurance and Nursing Service, chairman, Miss E. Cryderman, Toronto, Ontario; the History of Nursing Committee, chairman, Miss M. Mathewson, Montreal, P.Q.; the Committee on Labour Relations, Miss Esther Beith, Montreal, P.Q.; the Legislation Committee, chairman, Miss E. Flanagan, Montreal. P.Q.; the Mary Agnes Snively Memorial Committee — chairman to be appointed; the Committee on Placement Bureaux, chairman, Miss Alice Wright, Vancouver, B.C.; the Committee on Postwar Planning, chairman, Miss Marion Lindeburgh, Montreal, P.Q.; Official Representative of the Canadian Nurses Association Council of the Canadian Voluntary Agencies Assisting UNRRA, chairman, Miss E. Johns; the Edtorial Board and Publications Committee, chairman, Miss M. Mathewson, Montreal, P.Q.; the Liaison Committee with the Canadian Medical Procurement and Assignment Board and National Selective Service, chairman, Miss F. Munroe, Montreal, P.Q.; a Committee on the Preparation of the Essentials of a Good School of Nursing, the chairman of Hospital and School of Nursing Section, Miss M. Batson, Montreal, P.Q.; the Committee on Salaries—hours of Duty and Working conditions for Nurses whose personnel is to consist of chairmen of the three national sections; the Government Grant Committee, chairman, Miss F. Munroe, Montreal, P.Q. Under this committee, two sub-committees function, namely, a small sub-committee, to act between meetings of the full committee, chairman, Miss F. Munroe; the Bursary Award Committee, chairman, Mrs. S. R. Townsend, Montreal, P.Q.

For the most part, the functions of committees have not been changed; however, it is interesting to note the following adjustments regarding some of them.

The Mary Agnes Snively Memorial

At the general meeting, it was agreed that the form that this memorial should take is to be revised. It is understood that Miss Snively's memory will be perpetuated by a special lecture to be given at the time of each general meeting. Recommendations regarding this are to be submitted by a committee later.

Placement Service

This important topic occupied an important place in the deliberations which took place at the general meeting. Much inspiration and valuable information was obtained from the address on "Organization and Functions of Nurse Placement Services" given by Miss Anna Tittman, Executive Director, Nurse Placement Service, Chicago, and also from the round table which Miss Tittman conducted on the morning following the general meeting. As a result of this, the Committee on Placement Bureaux has been requested to study the possibilities of further developments in placement service by which both nurses and the community would benefit.

The Florence Nightingale Memorial Committee

This committee is now to be composed of the nurse members of the Canadian Florence Nightingale Memorial Committee and is to be responsible for the collection of funds by the Canadian Nurses Association to provide scholarships under the Florence Nightingale International Foundation, if and when, this activity is resumed. The Bursary Award Committee, C.N.A. has been requested to handle the Loan Fund of the Canadian Nurses Association.

Further reports on the activities of the various committees will appear in later issues of the *Journal*. The incoming officers and the chairmen of committees are welcomed to their new responsibilities with the assurance of the loyal support which their responsibilities demand.

Accommodation for Nurses

A possible, and rather unique, solution of the problem of housing accommodation for nurses has been reported and we believe is being put to the test in one province. As we understand the plan, the problem has been accepted by the Board of Directors as *theirs* to solve. In collaboration with the superintendent and superintendent of nurses, an appeal is being made to the citizens to share this problem to the extent of accepting at least one nurse as a paying guest to tide over the present crisis, when building and similar legitimate expansion has been brought almost to a standstill. Arrangements have been made for a special committee of the Board to make a house canvass to ascertain to what extent citizens living within a reasonable distance from the hospital are willing to give their patriotic support and to participate in the plan. Suitable publicity and investigations preceded the canvass. Difficulties and inconveniences can be seen in the plan, but a war cannot be fought, much less waged for five years, without these. Furthermore, definite discrimination in the choice of both the nurse and home would tend to minimize problems.

With the suggested adjustment, one can visualize nurses living under much more desirable conditions than when crowded into houses which have long since passed the stage at which they lend themselves to remodelling. Then too, from many homes, sons and daughters have gone to serve their country and have left a vacant room, or rooms, which might appropriately be filled by nurses doing duty on the home front. Their presence in the home may even tend to fill in gaps until the homecoming, which so many are eagerly anticipating, takes place.

There is also an educational aspect to the project which should not be overlooked. After the war is over, there must be no further compromising about the provision of *adequate* accommodation for nurses, or arrangements for a suitable equivalent. May not the suggested contacts serve to enlighten citizens of the need for this and to interest them in it?

Job Instruction Training

No, we don't like the term and so we decide forthwith that, "it has nothing to do with nursing". But has it? Is it possible that, as nurses, we *are* already conditioned against the very name and have therefore developed "a barrier of mental resistance" against this recent development, as suggested by Sister Brigh in her enlightening article entitled: "We Cannot Afford to Hurry", which appeared in *American Journal of Nursing*, March, 1944. Any conception of Job Relations Training or Job Instruction Training should be studied in connection with Sister Brigh's very excellent article and Bulletin No.5, issued by the Department of Labour in Ottawa in 1943. The former can be obtained from Mr. C. R. Dooley, Training Within Industry, War Man Power Commission, Washington, D.C. 25, and the latter from the King's Printer, Ottawa. Both these publications have been made available to the Registered Nurses Association in each province. They are worthy of consideration and study, at least. If teachers and supervisors and others in schools of nurses can learn even half as much as is suggested by Sister Brigh by taking a course in Job Training or Instruction, why not try it? May not this be one way of assisting nurses to adjust rapidly to some of the new responsibilities they are called upon to undertake these days?

In the report made by the Registered Nurses Association of British Columbia to the general meeting of the Canadian Nurses Association, reference is made to a five-day institute on Job Instruction Training sponsored by the association. It is stated that five hospitals and two public health organizations participated in the course. We congratulate the Registered Nurses Association of British Columbia on now having a nurse qualified to conduct these courses and look forward to a further report on the after-effects of this development.

Au Revoir

It will be recalled that the present incumbent of the office of general secretary of the Canadian Nurses Association accepted the appointment for one year only, after acting for eighteen months as Emergency Nursing Adviser. Her term of office closes as this issue of the *Journal* goes to press. The retiring secretary relinquishes her present duties with much appreciation of the very cordial relationships she has enjoyed across Canada and contacts, both professional and personal, which will be an enduring source of satisfaction and refreshment to her.

Personal contacts with activities in National Office, even in years of professional maturity are enlightening. If the interests of the association did not have to receive first consideration, we would be inclined to recommend that the service be a rotating one, in which representatives from each province would participate. As this cannot be, we earnestly solicit a continuation of the spirit of co-operation and understanding which has been built up over a period of years. To those who have worked closely with National Office, it is apparent that while the head-quarters of the Canadian Nurses Association are in Montreal, the association itself lives in the nine provinces. It is through provincial associations and their officers that national activities are supported and vitalized for nurses throughout Canada.

As stated in the report of the general secretary submitted to the general meeting, the past year has been one of transition and changes for the Canadian Nurses Association. It followed a long term of most faithful and uninterrupted service under able leadership, during which the foundation upon which the association now stands was built.

It has been a challenge, but also a great privilege to serve nursing on a national basis during very critical years. The general secretary passes on her responsibilities with best of wishes to her co-workers and successor in office and with a deep sense of gratitude for added friendship and enriching experiences, which Dominion-wide contacts have made possible.

S.R.N.A. Annual Meeting

The twenty-seventh annual convention of the Saskatchewan Registered Nurses Association opened in Regina at Hotel Saskatchewan on June 1 with 110 registrants representing 19 centres in Saskatchewan. A cordial address of welcome was extended by Alderman C. Fines in the absence of His Worship Mayor C. Williams. Invocation was given by Reverend Norman Kennedy, Regina. Miss M. R. Diederichs, president, efficiently presided at all business sessions. Throughout the convention, evidence of high interest was indicated by the splendid attendance maintained including a representation of student nurses from a school of nursing.

Among the highlights of the program was an inspiring address by Miss Kathleen Leahy, associate director of School of Nursing Education, University of Washington, Seattle. Miss Leahy's topic "The Nurse as an Interpreter" proved to be very stimulating as she portrayed, through practical examples, the role of the nurse as interpreter of her professional obligations to the community and society. Emphasis was placed upon the increasing need for the nurse to recognize her role in this capacity in view of the rehabilitation program of the post-war world in which she must be prepared to play an important part. Health Insurance was a much discussed topic on the program throughout the convention. The subject was very ably presented by Dr. R. O. Davison, Deputy Minister of Public Health in Saskatchewan, in his address on "Public Health and its Relation to Health Insurance". This address was followed by an active discussion period on health insurance.

The Association was fortunate in having its lawyer, Miss R. S. McGill, B.A., Ll.B., Regina, present to bring an informative address on "Legislation Affecting Nursing". In her address, Miss McGill dealt particularly with the recent legislation enacted in Saskatchewan Legislature, Saskatchewan Health Insurance Act 1944, and the Labour Relations Act 1944. The address of L. G. Saunders, Ph.D., Professor of Biology, University of Saskatchewan, on "Tropical Diseases in Guatemala", illustrated by slides, proved an interesting feature of the program. The Association was very fortunate in securing such able speakers for its convention program. Those in attendance felt the sessions were very profitable, and the time devoted to discussion of mutual problems in nursing very beneficial.

Much interest was shown in a History of Nursing exhibit prepared by the Schools of Nursing, which was attractively displayed in an ante-room adjoining the main convention hall. *Journal* publicity was also given space in the exhibit.

The members of the Association were delightfully entertained at an afternoon tea in the Blue Room of Hotel Saskatchewan as the guests of the Regina Chapter of District 7 and of the Alumnate Associations, Regina General Hospital and Regina Grey Nuns' Hospital.

The Saskatchewan Registered Nurses Association was highly honoured by a brief visit from an illustrious visitor, Her Royal Highness, Princess Alice. The officers of the Association, and other members, were presented to Her Royal Highness, who very graciously spoke a brief message to the convention.

MRS. M. E. MACLEAN
Acting Registrar

Saskatchewan Holds an Institute in Public Health Nursing

Sponsored by the Saskatchewan Registered Nurses Associaion, an institute in public health nursing was held in Saskatchewan during the last two weeks of May. Because of distances of travel, it was thought advisable to hold the institute in two centres, Saskatoon and Regina. The wisdom of this decision was demonstrated in many instances.

The registration and interest shown in each centre was most gratifying. In addition to active public health nurses, the institute was attended by many married nurses and also by staff nurses of hospitals.

Miss Kathleen Leahy, assistant professor of Nursing Education in the University of Washington, Seattle, was guest lecturer. The marked success of the institute may be credited in large measure to Miss Leahy whose enthusiasm for her subject was most contagious. Miss Leahy's wide experience in the field of public health, her ability as a lecturer and her sparkling wit made each lecture informative and stimulating.

Each lecture period was followed by an hour of discussion. Nurses took advantage of this time to seek assistance with problems arising under different situations in a generalized public health program. It is interesting to know that others have met some of the same problems which have worried you. It is helpful to learn how others have solved these problems.

Miss Leahy's program of lectures was supplemented by two or three lectures given by outstanding local speakers. The group attending the institute in Saskatoon was given the opportunity of visiting the Polio Clinic where cases have been receiving the Kenny treatment. All nurses were interested in the demonstration of the various phases of the treatment and in seeing the results which are most gratifying.

A full programme of lectures and reading reduced entertainment to a minimum. In each centre a luncheon and teas gave those attending an opportunity to meet one another and to chat informally with Miss Leahy.

Public health nurses were most appreciative of the opportunity for study and discussion offered by the institute. So keen was the interest and enthusiasm that already enquiries have been made regarding future institutes and suggestions have been made regarding topics of study. It is hoped that the Saskatchewan Registered Nurses Association will sponsor a similar enterprise again next year.

ELIZABETH SMITH
Convener

Obituary

Mrs. Bryce Brown (Sharley P. Wright) died recently at her home in New Westminter. Mrs. Brown was born at Toronto and, after receiving her education there, went to Farrand Training School for Nurses, Harpor Hospital, Detroit, Michigan, where she graduated in 1904. After some private duty in Alaska and Seattle she came to British Columbia to reside with her mother.

She was appointed the first school nurse in New Westminster and held that post till her marriage in 1915. In 1917 she enlisted in the Canadian Army Medical Nursing Corps and was Matron of the hospital in Edmonton, organized under the Military Hospital Commission. Later she went to Calgary on military duty.

Registration of nurses began to be recognized as a necessity in the United States after Mrs. Brown graduated and she was able to obtain a Michigan Registered Nurses certificate prior to 1912 when the Graduate Nurses Association of British Columbia was formed with its chief object, the presentation of a bill to give Registered Nurse status to the nurses of British Columbia. She was elected as the first provincial president and served in that capacity until the Act was passed in 1918 when she resigned.

At the 1914 annual convention of the Canadian National Association of Trained Nurses, Mrs. Brown was elected president of that association. It was during her term of office that *The Canadian Nurse* was purchased and became the official organ of the Canadian Nurses Association.

Frankly, nurse, tender skin like mine needs Z.B.T. powder!

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STUDENT NURSES PAGE

Nursing Aspects of Epidermoid Carcinoma

GRACE ADAMS

Student Nurse

School of Nursing, Saskatoon City Hospital

Mr. X is an active man of fifty years, weighing one hundred and forty-five pounds and looking slightly older than his age. He has been employed as a farm labourer for the past thirty years. On the left side of his forehead is a large open ulcer, about the size of a fifty-cent piece, which has a slightly purulent discharge. His left eye is drawn up, especially at the outer edge, until it is about half-shut. At present, he wears compresses to this area constantly. His father died of carcinoma of the liver at the age of 57 years, otherwise there was no known trace of cancer in the family. Mr. X states that in 1940 he wore a cap which was too tight and that it left a broken area that did not heal properly. This became constantly worse over a period of one and a half years and he decided to see a doctor. He was referred to the diagnostic cancer clinic and on his first admission had an area three cm. long and one and a half cm. wide, deeply indented, with a purulent haemorrhagic discharge. This was situated on the left temporal region, slightly above the left eyebrow, triangular in shape with rolled edges, the lower edge being slightly nodular; there was some fixation to the skull. On examination, it was decided that the area was malignant. A biopsy was taken and the report disclosed basal cell carcinoma. By x-ray, the skull showed a slight textural irregularity in the left supra-orbital region, which did not necessarily indicate destruction but looked suspicious. On further x-ray examinations no gross pathology was demonstrated.

Basal cell carcinoma is a form of epidermoid carcinoma originating in the basal cell layers of the skin. It is a slow-growing tumor but there is no limit to the size it may attain if treatment is not instituted. In the later stages it usually leads to a chronic slow-growing ulcer known as a rodent ulcer. Deep invasion is a late feature, but when it does occur and mucosa or bone is invaded, growth is much more rapid, it is more difficult to eradicate, extension is greater and the prognosis worse. Metastases into the neighbouring lymphatic glands are almost unknown. Tumors may occur at any age, but are more common after 50 years.

The immediate treatment was x-ray therapy, lasting for six days. This seemed to check growth, the patient was discharged and asked to return in three months. In August, 1943, x-ray treatments were given for another six days, but when Mr. X came back in December the area was draining again and there seemed to be infection present; boracic

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compresses were begun to clear this up. Abdol capsules were administered twice daily; these capsules contain Vitamin A, B1, 2, 6, C.D., and Nicotinamide.

When Mr. X returned in January, 1944, the area had not improved and he was admitted to hospital. Bichloride of mercury compresses were started immediately and he was placed on sulfathiazole grs. 7½ *t.i.d.* The area did not improve so caroid compresses were applied instead of the bichloride of mercury; this treatment seemed to dry the area somewhat. X-ray treatments were begun and given daily over a period of two weeks. Sulfathiazole was discontinued before the treatments began. The area was kept clean by the application of boracic compresses and the area around the temple was kept shaved to help prevent infection. During the treatment there was a great deal of oedema around both eyes. Following the series of x-ray treatments sulfathiazole powder was applied to the area, with aluminum paste to the outer edges. The swelling gradually went down and the area began to get drier. The dead tissue was removed and Mr. X was discharged with instructions to keep the area clean and to apply boracic compresses if necessary. The area looked much improved but the temple bone is now left exposed, although the surrounding area is dry and is healing over. The prognosis is seriously in doubt because it is believed considerable bone is invaded.

Mr. X was an easy patient to nurse as he was ambulatory and his only treatments were compresses and medications. He had a cheerful personality with a hopeful outlook on life and did not easily become discouraged. He has every confidence in the doctors and nurses. The chief nursing care problems were clearing up the infection and getting the area to heal. His diet was watched for high caloric intake, vitamin contents and appeal. He enjoyed his meals so we really did not have any feeding difficulties. All dressings were very carefully done because infection is the patient's greatest foe.

Only in maximal efficiency is there a reasonable prospect of cure and psychology is a very important factor in nursing these patients. Sincerity and enthusiasm on the part of the nurse are basic necessities. She must note the patient's reactions, his fears and doubts, and always keep in mind the fact that she must do everything in her power to keep the patient happy and comfortable. If he knows that he has carcinoma she should familiarize him with the possibilities of recovery if treated early and help him to adjust himself to the thought of having an illness that may not be curable.

Fresh air, sunshine and exercise are important. We try to provide bright sunny rooms for these patients and allow them up as much as possible. All are given an opportunity to have the foods they prefer because the deep therapy treatments so often cause gastric disturbance. During x-ray treatment the nurse must watch for an elevation in temperature, and unusual bleeding. The complications to watch for are infection, haemorrhage, headache and worry. Health teaching is necessary so that the patient becomes a missionary in the cause of more efficient cancer service when he leaves the hospital.

During her period of service in the Diagnostic Cancer Clinic each student is required to make a study of one of the patients that she is nursing. She usually chooses a patient who is admitted to the hospital during her time in the clinic itself; she then returns to the ward and is able to give bedside nursing care thus following her patient through from the day he first reports to the Clinic until he is discharged. I feel that I have learned something of the various types of tumors and the different methods of treatments such as radium, deep therapy and radon. I have fully realized the importance of the nurse's attitude and manner in nursing these patients.

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Ontario Public Health Nursing Service

Margaret F. Wright (Toronto General Hospital and University of Toronto public health nursing course) and *Isabel Black* (Victoria Hospital, London, and University of Western Ontario public health nursing course) have joined the staff of the Ontario Department of Health, Division of Public Health Nursing, as assistant to the Director and General Supervisor respectively.

Pearl Stiver (Toronto Western Hospital and University of Toronto public health nursing course) has been appointed supervisor of nursing in the division of Venereal Disease Control, Ontario Department of Health.

Margaret Bocking (B.Sc. in Nursing, University of Western Ontario) is joining the staff of the Kingston Health Department.

Mrs. S. E. Childerhose (nee Smythe), Toronto Hospital, Weston, and public health nursing course, University of Western Ontario) has been appointed to the Board of Health, Oshawa.

Norah Cunningham, B.A.Sc., (Vancouver General Hospital and public health nursing course, University of British Columbia) has resigned from the Board of Health, East York, to accept a position as public health nurse in St. Thomas.

Roselle Cunningham (School of Nursing, University of Toronto) has been appointed to the school nursing staff of the Board of Education, Ottawa.

Mildred Drope (Nicholls Hospital, Peterborough, and Summer Course, School Nursing) has been engaged by the Board of Education, Peterborough.

Edith Fenton (Hospital for Sick Children and public health nursing course, University of Toronto) has been appointed to the staff of the Toronto Hospital, Weston.

Beulah Holt (Victoria Hospital, London, and University of Western Ontario public health nursing course) has been appointed to the nursing staff, Board of Health, St. Thomas.

Mildred Jarvis (St. Catharines General Hospital and University of Toronto public health nursing course) has resigned from her duties with the Board of Health, Oakville.

Mary MacIlveen (Victoria Hospital, London and public health nursing course, University of Western Ontario) who has been senior nurse with the Board of Health, Guelph, has been appointed to the Faculty of Public Health, Division of Study for Graduate Nurses, University of Western Ontario.

D. M. McKerracher, B.A. (B. of Sc. in Nursing, University of Western Ontario), has accepted a position with the Metropolitan Unit, Vancouver.

Margaret MacLachlan (University of Toronto School of Nursing) has been appointed by the Simcoe County Council to organize a school nursing service.

Dorothy Peters and *Mrs. Leonard Carling* (Bachelors of Science in Nursing, University of Western Ontario) have been appointed as public health nurses in the Secondary Schools, London.

Mrs. Gertrude Purcell (Toronto General Hospital and public health nursing course, University of Western Ontario) who has been senior nurse with the Board of Health, Stratford, has resigned to organize a school health service in Perth County. *Eva L. Copeland* and *Mae Haviland* (Victoria Hospital, London, and public health nursing course, University of Western Ontario) are engaged to assist in this programme.

Mary Schaffter (General Hospital, Birkenhead, England, and public health nursing course, University of Toronto) has accepted a position on the staff of the Hamilton Health Department.

Jessie Smith (Toronto General Hospital and University of British Columbia public health nursing course) has resigned from her position as public health nurse in Parry Sound.

Marie Vickers (Hamilton General Hospital and public health nursing course, University of Western Ontario) has been appointed as public health nurse for the village of Ayr and the townships of North and South Dumfries.

Hilda Vohman (Grace Hospital, Toronto, and University of Toronto public health nursing course) has resigned her position as public health nurse in Wallaceburg to accept a similar post in the village of Ajax.

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NEWS NOTES

ALBERTA

EDMONTON:

A regular meeting of the Royal Alexandra Hospital Alumnae Association was held recently with Violet Chapman presiding. Miss Chapman was appointed a delegate from the Association to attend the C.N.A. biennial convention. After a short business meeting Bingo was played, and refreshments were served by the social committee.

BRITISH COLUMBIA

NEW WESTMINSTER CHAPTER:

April brought the chapter the annual flurry of graduation festivities in connection with Royal Columbian Hospital School of Nursing. As usual, a dinner was given in honour of the 32 graduating students. The Russell Hotel dining room, beautifully decorated in pastel shades of pink, yellow and green, extended a cheery welcome to the many guests. Tiny pastel caps marked each place, and the now annual treat of little personal and original verses read by the new graduates added much to the enjoyment of meeting our new members to be.

A program of music and mirth was presented by our good friends, Mrs. Laurie Wright, Dr. J. T. Lawson, Miss Noel Doyle and the "dramatistes par excellence", Miss Gouldburn, Miss Donaldson, and Miss Dunfield in "The Widows". Mr. Sangster directed the community singing.

The medal for general proficiency, a much coveted award, was presented by Miss Macphail, the president, to Muriel Hamilton. The chapter assisted by providing ushers for the exercises at the Arenex.

At our regular May meeting a surprise shower was arranged as the entertainment. Miss L. A. B. Brodie, one of our very faithful members of long standing, has recently purchased a house near the hospital, and the miscellaneous items presented by the members brought forth many amusing comments and sidelights on "Brodie's" new rôle as housekeeper. One gift even mentioned "Inky" her cat.

Our June meeting had a more general beneficent intent. Two speakers, Mr. E. S. Withers and Mr. McLaughlin, presented the facts and figures for group insurance plans being considered by the chapter. Mrs. Graham and her committee aided and directed the discussion afterwards. A booth, displaying *The Canadian Nurse* and subscription blanks, had a prominent place in the tea room after the meeting.

The executive for 1944 includes: president, Agnes Macphail; vice-president, Mrs. Rutherford; secretary, Mrs. G. Grieve; treasurer, V. Reeves.

Royal Columbian Hospital:

On May 21, 1944, in McAllister Residence the Alumnae Association of Royal Columbian Hospital School of Nursing became a reality. The organizing committee, under the chairmanship of Mrs. E. M. Phillips, included representatives from 12 years. The long and earnest desire of many graduates to have an Alumnae Association was evidenced in the splendid response to the membership committee's telephoning. 104 graduates attended and heard reports on how the association came into being, what its tentative aim was (namely to maintain contact with the graduates and so strengthen both the school and the nursing profession), the proposed plans for membership and meetings, and correspondence consisting of a letter of approval and endorsement from the Board of Directors. Mrs. C. D. Peele gave a talk on the founding and history of the hospital. The original old oak chest, which was brought over from England in 1862 by the Royal Engineers, was on display with its fascinating records, photographs and documents

The first business meeting was held June 5. Standing committees were appointed from the enthusiastic volunteers who all wanted to help make the infant association a really successful endeavour. Written suggestions for program and financial plans were received from all members to help the new committees. Mrs. Purvis urged all those present to contact any members of their own or other classes so that none would be missed. Members out-of-town, whose addresses are known, will receive notice, and overseas nurses will be written as soon as possible.

The following officers were elected: president, Mrs. O. M. Purvis; vice-president, Mrs. H. Blackburn; secretary-treasurer, Mrs. G. Grieve; corresponding secretary, M. Lyle; honourary presidents, E. Clark, E. McCann.

OCEAN FALLS CHAPTER:

Celebrating the birthday of Florence Nightingale, Ocean Falls nurses celebrated their first Hospital Day this year. Mrs. W. Zieman welcomed the visitors and a silver tea was served, the proceeds being donated to the hospital to be used to establish a library for the patients. Various members of the hospital nursing staff escorted the townspeople in small groups on a tour of the buildings. When they reached the x-ray department, Dr. A. Armstrong, the medical superintendent, assisted by Dr. W. Hall, gave a very simply worded but interesting talk and demonstration on the new equipment which had only recently been installed. Following the tour of the hospital, visitors were shown through the modern, tastefully decorated nurses home. All in all Ocean Falls first hospital day proved a great success.

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To take place on October 18, 19 and 20, 1944, at Halifax, Yarmouth, Amherst, Sydney, and New Glasgow. Requests for application forms should be made at once and forms MUST BE returned to the Registrar by September 17, together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six weeks of completion of the course of nursing.

JEAN C. DUNNING, R.N., Registrar
The Registered Nurses Association of Nova Scotia
301 Barrington St., Halifax, N.S.

THE REGISTERED NURSES ASSOCIATION OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 23, 24, and 25, 1944.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30. NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about December 6, 1944.

E. Frances Upton, R.N., Registrar
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Vancouver General Hospital:

With superb weather, the annual garden party held in the large shady grounds of Mrs. E. J. Meilicke's home was a great success. Over $600 was cleared for the various war activities of the association.

The Mutual Benefit Association is in the process of being dissolved, as it was not paying its way. Members have been advised to join the Associated Hospitals Services of B.C. as a group. This is a new form of hospital insurance recently inaugurated in the city. It has been suggested that the reserve fund, about $4000, be invested as a nucleus for the development of a nurses club or home.

The rotunda of the "New Home", built in 1916, has been redecorated; its floors scraped and polished; its windows curtained in pretty cretonne; its furniture re-covered in pastel shades of blue and rose and there are a few really strikingly large pictures. At the north end are two show cases, donated by pupils of recent years containing interesting documents and relics.

Miss Fern Trout, B.A.Sc., R.N. has been appointed full time instructress in the tuberculosis division of the provincial Board of Health, at the Vancouver Unit. Student nurses from the Vancouver General, St. Paul's, Royal Columbian and St. Eugene's Schools of Nursing affiliate with the unit for experience in tuberculosis nursing.

NEW BRUNSWICK

ST. STEPHEN:

Members of the graduating class of the Chipman Memorial Hospital were recent guests of the hospital staff at a dinner and dance. The graduation exercises of the Chipman Memorial Hospital were held recently when 12 nurses graduated. Mr. George Cockburn presided. Dr. W. C. MacMillan, chief medical health officer for New Brunswick, gave the address, Dr. Bunker presented the diplomas, and the Rev. Mr. Earle led in the Florence Nightingale Pledge. The exercises were followed by a dance.

At a recent meeting of the St. Stephen Chapter Miss Helen Mowatt of St. Andrews, N.B., was guest speaker. Her subject was the history of St. Andrews. A social hour followed.

ONTARIO

Editors' Note: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Irene Weirs, Department of Public Health, City Hall, Fort William.

District 10

The annual dinner of District 10, R.N.A.O., which was held recently in the Royal Edward Hotel, Fort William, joined with McKellar General Hospital training school in their fortieth anniversary celebrations. The 1944 graduating classes of the three lakehead schools of the Port Arthur General, St. Joseph's and McKellar General Hospitals, were guests. This year's function was most auspicious for in addition to the graduating classes, there were many graduates of former years present, including one of 1907. Many had come from out-of-town for the occasion and spent a happy evening renewing old acquaintances. There were 202 present at the dinner. Three former superintendents of McKellar Hospital were present—Mrs. (Dr.) Cook (Elizabeth Davidson), Pearl L. Morrison, superintendent of Queen Elizabeth Hospital, Toronto; Barbara Bell, superintendent at the Sault St. Marie Hospital. The chairman brought greeting from District 10 to McKellar Hospital and welcomed the guests. An outline of the R.N.A.O. was also given and the 1944 graduates were asked to remain with their own hospitals for at least one more year. Mrs. Fay Stanfield directed the sing-song with Mildred Walberg as pianist. The song books used were in McKellar colours and were the gift of the alumnae to the students as a momento of their fortieth anniversary. Dorothy Claydon proposed the toast to the new graduates; this was responded to by Dorothy Dure of McKellar Hospital. Mrs. Ethel Geddes brought greetings from St. Joseph's Hospital alumnae, and Rhea Mosiondz from the Port Arthur General Hospital alumnae; Joan Jackson responded for McKellar Hospital alumnae. Kathleen MacDonald of St. Joseph's student group, and Helen McKenzie of the Port Arthur General Hospital students, brought greetings to the McKellar students; Nora Hatcher, a McKellar student, responded.

District 10 was fortunate in having Miss Edna L. Moore, director of Public Health Nursing for Ontario, as guest speaker. She was introduced by Edna McKinnon, superintendent of the Port Arthur General Hospital. Miss Moore stressed the value of the art of nursing, and urged the nurses to guard jealously their professional integrity, at the same time developing an individual personality as a nurse.

Jane Hogarth, chairman of arrangements, and her committee, Marie Buss and Jessie Young, were tended a hearty and well deserved vote of thanks for the success of this evening.

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Gee! I wish Nurse would use
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This powder was born just to keep my skin free from chafing and that darn old diaper rash. Just wait till nurse trys it and sees how smooth and sweet and soft it makes me—bet she'll never again use any other toilet powder for babies.

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QUEBEC

Royal Victoria Hospital:

The official opening of the Allan Memorial Institute of Psychiatry was held recently. After a short ceremony the guests inspected the building and tea was served. Catherine Lynch is in charge and her assistant is Helen Macaulay, graduate of the University Hospital, Edmonton and the Provincial Mental Hospital, Ponoka, Alta.

Among the R.V.H. graduates from Montreal who attended the C.N.A. meeting in Winnipeg were: Fanny Munroe, superintendent of nurses; Eileen Flanagan, Montreal Neurological Institute; Electa MacLennan from National Office; Winnifred McLeod from the Alexandra Hospital; Gertrude Yeats and Dorothy Goodill from the Women's Pavilion; Winnifred MacLean from the R.V.H. staff; and Mary Neild. One of the delightful entertainments during the convention week was a buffet supper at the University Women's Club arranged by the R.V.H. graduates in Winnipeg. The guests present, in addition to those mentioned above, were: Edith McDowell, Jessie Stothart, Emmeline Dickson, Katharine MacLennan, Janet Hay, Dorothy Dick, Katherine MacKay, Lillian MacKenzie, Elizabeth Hartig, Joyce Northcote, Margaret Street, Constance Brewster, Josephine Riley, Jean Dunning, Mrs. F. Holmes, Eleanor Crosby, Mrs. A. C. Delaney (Sylvia Bird), Mrs. Botsford, (Marion Paterson), the retiring president of the C.N.A., Marion Lindeburgh, and the new president, Fanny Munroe.

Marguerite Webber and Edna Thompson have resigned from the staff. Helene Lamont who has been in charge of the outpatients department for some years has resigned and expects to take the course in administration at the McGill School for Graduate Nurses. Recent visitors to the School were Principal Matron Janet MacKay, Principal Matron Rae Fellowes, Mrs. P. H. Perrin (Florence McCormack), Mrs. J. P. Dewar (Florence Kendall) and Mrs. Kenneth Mundell (Honor Tett).

WANTED

Three Registered Nurses are required immediately for General Staff Duty. Eight hour day and six day week with full maintenance. When applying state salary expected. Apply to:

Superintendent, Shriners' Hospitals for Crippled Children, Montreal Unit, Montreal, P.Q.

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P. BROWNELL, REG. N., REGISTRAR

WANTED

The **Vancouver General Hospital** desires applications from Registered Nurses for General Duty. State in first letter date of graduation, experience, references, etc., and when services would be available. Eight-hour day and six-day week. **Salary:** $95 per month living out, plus $19.92 Cost of Living Bonus, plus Laundry. One and one-half days sick leave per month accumulative with pay. One month vacation each year with pay. Apply to:

Miss E. M. Palliser, Principal and Director of Nurses, Vancouver General Hospital, Vancouver, B.C.

WANTED

A **Clinical Instructress** is required by the **Royal Columbian Hospital.** Duties are to commence on **September 1.** Give full information as to qualifications and experience in first letter. Apply to:

Miss Elizabeth Clark, Superintendent of Nurses, Royal Columbian Hospital, New Westminster, B.C.

WANTED

Registered Nurses are required for **General Duty** in a 100-bed **Sanatorium** in **Ontario.** Applications should include training, previous experience, age, and date available for duty. Previous experience is applied to the following salary schedule plus maintenance: Graduate, with no experience, $90 per month; 1 year of experience, $95 per month; 2 or more years of experience, $100 per month. Apply in care of:

Box 3, The Canadian Nurse, 522 Medical Arts Bldg., Montreal, P.Q.

WANTED

Two qualified **Instructors** are required for a 100-bed hospital. The salary is $100 per month, plus full maintenance. At present, 38 students are enrolled in the School. The next Preliminary Class will be taken in September. Apply to the:

Superintendent of Nurses, Queen Victoria Hospital, Yorkton, Sask.

WANTED

An **Instructor** is required for the **School of Nursing of the Aberdeen Hospital, New Glasgow.** The position is open on **August 15.**

Apply, stating qualifications, experience, and salary expected, to the:

Superintendent, Aberdeen Hospital, New Glasgow, N.S.

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Twelve months intensive theoretical and practical course. Approved by American Registry of X-ray Technicians. Graduate nurses preferred but not essential. Address applications to:

J. C. McMillan, M.D., Director of Radiology, Winnipeg General Hospital, Winnipeg, Man.

WANTED

A **Night Supervisor** is required for a 120-bed **Maternity Division** in a large General Hospital in **Ontario.** The initial salary is $1350 per year plus full maintenance. Apply in care of:

Box 21, The Canadian Nurse, 522 Medical Arts Bldg., Montreal, P.Q.

WANTED

Nurse for Lady Minto Hospital, Ashcroft, British Columbia; salary $80.00 per month and all found; eight-hour shift. Apply to:

Secretary, Lady Minto Hospital, Ashcroft, B. C.

WANTED

Experienced Assistant to the Operating Room Supervisor also General Duty Nurses.

Apply, stating experience and qualifications to:

Superintendent, General Hospital, Port Arthur, Ont.

WANTED

A fully qualified **Public Health Nurse** to act as **Nursing Supervisor** for city **Health Department** is required; position available immediately. Apply, stating qualifications, experience and salary expected to:

Secretary, Board of Health, City Building, Peterborough, Ont.

WANTED

Applications are invited immediately for the positions of **Superintendent** and **Instructor** in a 72-bed hospital. State qualifications and salary expected. Apply to:

Secretary, Highland View Hospital, Amherst, N.S.

WANTED

Registered Nurses for General Duty for a fifty bed hospital situated in South Western Ontario. Salary is $85.00 per month plus full maintenance, and a six day week. Apply in care of:

Box 22, The Canadian Nurse, 522 Medical Arts Bldg., Montreal, P.Q.

WANTED

An **Instructress** is required for a 75-bed hospital. Apply, stating age, qualifications, and salary expected, to:

Superintendent of Nurses, Lamont Public Hospital, Lamont, Alta.

WANTED

A Classroom Instructor is urgently needed for a School of Nursing in a 150-bed hospital. A new class is coming in September. Position includes full maintenance. Salary open. State qualifications and full particulars in first letter to:

The Superintendent, Sarnia General Hospital, Sarnia, Ont.